Canada. Women's Bureau
A niche of usefulness

A Niche of Usefulness

How handicapped women
may learn to help themselves
with the aid of
vocational rehabilitation services
in Canada

A Women's Bureau Report

Department of Labour of Canada

1960

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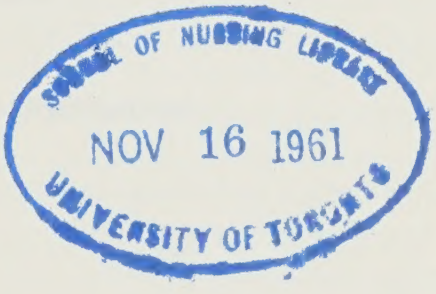

WOMEN'S BUREAU

Department of Labour of Canada

1960

Minister of Labour – – – – – – Honourable Michael Starr
Deputy Minister of Labour – – – – – George V. Haythorne

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Table of Contents

93853-0—1½

FOREWORD

To help a handicapped man or woman find a niche of usefulness and self respect is the goal of rehabilitation. The resources of rehabilitation form a complex pattern but essentially the rehabilitation process includes the following four phases. The rehabilitation officer or counsellor gets to know the handicapped man or woman and assesses the nature and effect of the disability. He draws up a special rehabilitation plan based on understanding of the person's needs and knowledge of the services available. The handicapped person and the services are then brought together. Finally, the case must be followed up to see that further services are given if necessary.

Over the years the need for such services has become increasingly apparent and many different kinds of services have been developed to meet these needs. This pamphlet traces the growth of vocational rehabilitation services in Canada and documents women's participation in various phases of existing programmes. It tells how the services are organized and how the individual may make use of them. We hope that the information it contains may dispel misunderstandings about the access of women to full vocational rehabilitation and at the same time encourage those who are handicapped to set their feet on the road to useful and satisfying work.

The Women's Bureau acknowledges with gratitude the advice and assistance of various departments of government and voluntary agencies concerned with the rehabilitation of the handicapped in the preparation of the pamphlet.

The project was planned in collaboration with the Civilian Rehabilitation Branch of the Department of Labour. Data were checked with resource material on rehabilitation needs and services, prepared by the Research Division of the Department of National Health and Welfare. Information regarding services for groups of citizens under their particular jurisdiction was provided by provincial Workmen's Compensation Boards, the Veterans Welfare Services Branch of the Department of Veterans Affairs, the Indian Affairs Branch of the Department of Citizenship and Immigration and the Welfare Division, Northern Administration Branch of the Department of Northern Affairs and National Resources.

The text of the broadcast from Trans-Canada Matinee was made available by the Canadian Broadcasting Corporation, and the photographs have been used through the courtesy of the Society of Crippled

Children and Adults of Manitoba, the Ontario March of Dimes, the Ontario Workmen's Compensation Board, the Department of Citizenship and Immigration and the Department of Northern Affairs and National Resources.

The pamphlet was written by Mrs. Agnes Provan Beckett, Assistant to the Director of the Women's Bureau.

MARION V. ROYCE,
Director,
Women's Bureau.

Department of Labour,
Ottawa, Canada,
December, 1960.

A Portrait

A handicapped woman who has found a niche of usefulness with the aid of vocational rehabilitation services in Canada

Iris Power, C.B.C. Commentator, St. John's Newfoundland, talks with Geraldine Chafe, Rehabilitation Officer, Newfoundland Department of Health on "Trans-Canada Matinee":

Mrs. Power: Attractive, blonde, Geraldine Chafe is a young woman who leads a very busy and active life, with a worthwhile job and interesting hobbies. Well, not very unusual you will say, but in Geraldine's case it is I think. You see Geraldine was faced with a very great decision when she was only about 19—the decision to have her leg amputated. But Geraldine, would you mind telling us how old you are now?—

Miss Chafe: No, not at all, I have just turned 30.

Mrs. Power: How old were you when you first began to get sick?

Miss Chafe: I was 13, about 13½, when I went in the hospital first.

Mrs. Power: And what happened to you then?

Miss Chafe: I got a bone condition, somehow or other. It is called osteomylitis, which means inflammation of the bone or of the bone and the marrow.

Mrs. Power: How long were you in hospital?

Miss Chafe: The first time I was there four years and some months.

Mrs. Power: Under treatment all the time?

Miss Chafe: Yes.

Mrs. Power: When you then came out of hospital, Geraldine, could you go back to school?

Miss Chafe: I just managed to finish my grade eleven before I was discharged, so I was quite lucky in that respect. When I went home I had already started to study some shorthand and I continued that because I had to stay at home quite a while because I wasn't able to walk very well. After a time I also practised some typewriting. This gave me a start on office work. I often wondered what

was going to happen in the future. Would I ever be able to work and earn my own living? But somehow or other, even when things looked blackest, I still had the feeling that they were going to turn out all right.

Mrs. Power: You never did lose hope?

Miss Chafe: No.

Mrs. Power: When did it come to the stage when you had to make the decision about getting you leg amputated?

Miss Chafe: I had been home from the hospital about three years. This osteomylitis is a very unpredictable thing. It usually results in abscesses on the bone and various parts of the body. Sometimes I would have two or three or four abscesses. Then they would clear up, and then I would feel fine again. Then another breakdown!

I had gone to work in the meantime, but I became sick again and had to leave. I went back to see the doctor and he asked me if I had ever thought about having the leg amputated. He said he couldn't promise that it would clear up all my trouble, but he certainly felt I had a much better chance if I would get rid of this focal point of infection. By this time, of course, I had been through so much and felt so discouraged, that I thought if there were any chance of improvement, I was certainly willing to go along with the doctor's recommendation.

Two weeks later he had a hospital bed for me, and I went in and had my leg amputated. I was home again five weeks afterwards, and since then I think I can say I have progressed steadily. I had no more trouble with the bone condition, thank God, and it was certainly the best thing for me to do.

Mrs. Power: When you got home, how were things then? Were you still optimistic about your future, Geraldine?

Miss Chafe: Yes, I was. First, it was very awkward getting around on crutches. If I came to a few steps, I had to wait till somebody came along because I was too nervous to go over them myself. After only a few months I was fitted with an artificial leg. There was the usual period of getting used to that and sometimes it just seemed almost hopeless, as if I would never be very proficient in using it.

But gradually I did overcome that also with the help of the people at the artificial limb division of the hospital. When I became used to the leg, there was no more problem in walking. I think I can get around now as well as most people;—we are all a bit nervous when the sidewalks are so icy in the winter. Apart from that there is no difficulty.

Mrs. Power: But, Geraldine, at that time, what do you feel helped you most, was it your own determination or what, if you can remember back?

Miss Chafe: Well, I often think about that now, when I am talking to other handicapped people who are now going through their bad time. It seems to me very important that at no time did any of my family or friends try to discourage me in any plans I had for the future. I know for a fact, they told me since, that there were times when they felt that I was being very unrealistic, and I could never do what I planned to do. But they just went along with me, and they felt I was the best one to know what I could do, and they encouraged me in every way.

Mrs. Power: Your work is with the Rehabilitation Branch of the Department of Health?

Miss Chafe: Yes. I have been there now since early in 1955, and we have been able to help a great many handicapped people. The big problem, we find, is usually lack of education. If a handicapped person had grade ten or eleven and is able to get around at all, it's not too difficult, we can manage to arrange training in whatever kind of work the person wants to do, or sometimes we can find employment without any special training. When you have a severely handicapped person who has only grade four or grade five or can't even read and write, it is very difficult to find work that he can do.

Mrs. Power: Do you find Geraldine, in the case of handicapped people, that other people, even in their busy lives, do find time to spare to help them?

Miss Chafe: Yes, it depends mainly on the handicapped person himself. You see, sometimes the non-handicapped person is a bit cautious about offering help, because they don't know

how it's going to be taken, but if the handicapped person is not too proud to ask for help when he needs it, then most people are just waiting to help.

Mrs. Power: What kind of job opportunities do you try to find for handicapped people?

Miss Chafe: Oh, you will find handicapped people doing almost any kind of work that non-handicapped people are doing.

Mrs. Power: For instance?

Miss Chafe: Well we know of handicapped people who are barbers, carpenters, stationary engineers, stenographers, meat cutters, radio and television repairmen, reporters, proof readers—the list just goes on and on. It depends on the person and the handicap.

Mrs. Power: So employers actually perhaps should look to handicapped people, because if they had the right category of job that would suit that person, it would be done properly.

Miss Chafe: Yes, if you have a handicapped person who knows how to do the work and is physically able to do it, the chances are you will have a better employee, because it's not easy for the handicapped person to move around and get a job just anywhere.

Mrs. Power: So when you get a handicapped worker, he is happy to stay with you.

Miss Chafe: Yes, he or she is going to try to do a good job.

Mrs. Power: What are some of the other activities of the Rehabilitation Centre? Is it mainly to find jobs?

Miss Chafe: By no means! Actually, the job finding aspect of the rehabilitation programme is a responsibility of the National Employment Service. Our work consists mostly of providing services that come before employment. We arrange for medical assessments and the provision of prosthetic appliances. We also arrange vocational training, and then, when the person is ready to look for work, he is referred to the National Employment Service.

Of course, we don't forget about him then. We are also looking for work on behalf of the handicapped person, but the National Employment Service has a Special Placements Division, and they are working on these lines

93853-0—2

too. Mind you, we don't expect an employer to create jobs. That's not our policy at all. We want handicapped people to apply, the same as any other person, for a vacancy that exists and get the job on his own merits.

Now, sad to say, there are some employers who don't have the time or the interest to think about it. But these are few and far between, and I think their numbers are growing less all the time.

Mrs. Power: What are some of your hobbies that take up your time?

Miss Chafe: I probably have too many interests and I find that I don't have time to do all the things I want to do. I enjoy music a great deal. I have a varied collection of records, and I like to read whenever I have a chance. I have done a little dabbling in water colours but I hope you never see the results. Lately I have been taking a course in speech and dramatics. I am still doing that, and it's great fun. I don't think about the handicap very much any more, except when I have to go down to the artificial limb division for repairs.

Mrs. Power: Well, apart from your repairs, your life is too busy and active to think about anything else.

Miss Chafe: That is true, yes.

I

Introduction

1. "Where there's a will there's a way."

The person who is handicapped, whether congenitally or as the result of illness or accident, is no longer an object of pity or indulgence, and certainly not of neglect. In the past few decades, especially since the first world war, social attitudes towards the handicapped have been completely revolutionized. The causes, effects and treatment of physical and mental handicaps have been the subject of extensive medical and psychical research. Facilities are being developed for every aspect of needed care, including opportunity for education and vocational preparation. The result is that a niche of usefulness such as Geraldine Chafe has found is now a possibility for many people who in the past could look for little in life.

While adequate services are indispensable to the rehabilitation of the handicapped, satisfactory results depend upon the co-operation of the patient. He needs some assurance that the future holds a larger place for him. From this assurance comes the *will* to achieve independence. Every handicapped person therefore needs the support of family and friends. Their encouragement helps the invalid to sustain hope and struggle through to self-sufficiency as in the case of Geraldine Chafe.

Geraldine's story, told to a CBC commentator (see pages vi-x), is one of a child, the victim of a handicapping illness which required medical aid and hospital care and then later on surgery and the use of an artificial limb. To walk again would have meant little to Geraldine, however, had she not at the same time set for herself the goal of preparing for a useful role in society. The test of her rehabilitation is that she is now able to fill a worthwhile job and so knows the satisfaction of paying her "rent for living".

For many women the reward of rehabilitation is to be enabled to be a homemaker, but whatever the occupation of the individual, vocational adjustment to the fullest extent of his or her capacity is the goal to be worked towards. Vocational rehabilitation depends upon suitable vocational guidance and preparation for the individual, but it cannot be divorced from the other simultaneous phases of the process—medical

93853-0—2½

care, surgery, physiotherapy, learning to use an artificial limb, whatever treatment a particular disability may require.

From every point of view Geraldine Chafe is a happy example of the possibilities of rehabilitation, but from the fact that she is a woman her experience has particular significance. Until now comparatively few women have availed themselves of rehabilitation services. Women are less apt than men to be employed in hazardous occupations. Then, too, men are usually the breadwinners of their families. These circumstances have lent urgency to the need to ensure a man's earning capacity. Little wonder then that there has been some tendency to assume that rehabilitation is for men only.

There is to-day a growing need for rehabilitation services. The average life span has been increased by the elimination and control of diseases of early life and better living conditions. As more people live a longer life they become susceptible to more chronic disabilities. At the same time improvements in medical science enable these men and women to continue in a fairly active capacity despite their handicaps. The toll of automobile accidents increases year by year but medical achievements are keeping more accident victims alive although they are frequently left with disabling conditions.

2. How great is the need

According to the Canadian Sickness Survey carried out in 1950-51, about half a million Canadian women had some kind of permanent physical disability. This estimate includes women of all ages and all degrees of disability from those suffering from varicose veins, hay fever or partial deafness to women who were totally incapacitated.

Roughly half of these women were classed by the Survey as severely or totally handicapped, unable to carry the normal responsibilities of home or a job outside. While many of these women belonged to the age group 65 and over, 113,000 were between 18 and 64, about 2.2 per cent of all women of working age. Some 37,000 were housewives who were unable to perform their housekeeping duties.

By no means all handicapped women of working age are capable of benefiting from rehabilitation services. At March 31, 1959 about 22,000 permanently and totally disabled women aged 18 to 64 years were receiving disability allowances on the basis of a means test. These women who have been granted disability pensions are unlikely to present good prospects for rehabilitation.

Of the remainder, however, many women could take advantage of the wide variety of rehabilitation services provided by federal, and

provincial governments and by voluntary organizations, now coordinated by a provincial coordinator in each province except Quebec.

About 2,300 women veterans, including nursing sisters, who are receiving disability pensions are eligible for vocational rehabilitation through the Department of Veterans Affairs.

Women injured in the course of employment or who contract an occupational disease are entitled to rehabilitation services provided by the provincial workmen's compensation boards. Between 200 and 300 women are disabled each year as a result of occupational diseases or accidents at work but the total number of women at present eligible for workmen's compensation services is not known.

Handicapped Eskimo and Indian woman are eligible for the rehabilitation services provided through the federal Department of Northern Affairs and National Resources and the Indian Affairs Branch of the Department of Citizenship and Immigration.

Because of these services many have been enabled to hold full-time jobs, and still others to get temporary or part-time work. Further substantial numbers of disabled children, housewives and older persons are also able as a result of rehabilitation to live normal lives.

II

Services to Meet Growing Needs— An historical sketch

1. The beginnings

Help for the handicapped began in Canada when men and women awakened to the need in their own communities. About 100 years ago religious and charitable organizations set up institutions to care for the blind and the deaf and for crippled children. Few thought at this time, however, that anything positive could be done to help these handicapped people to take their place in society.

Later, other voluntary groups, formed in the main by disabled people themselves, their relatives, friends and supporters, gradually evolved a concept of rehabilitation. They pressed for medical research into disabling diseases, and better facilities for treatment and urged a more understanding attitude on the part of the public towards handicapped men and women.

With the growth and development of industry, provincial governments became concerned about the numbers of men and women injured on the job. Workmen's compensation laws, passed in most provinces during and just after the First World War, provided the injured worker with medical aid and hospital care and reimbursed him for lost income. Gradually a broader goal was added—that of ensuring wherever possible that the worker would be returned to his former job or trained for other suitable employment.

The First World War brought the federal government into the rehabilitation picture. Faced with the problem of assisting thousands of disabled veterans to return to civilian life, the government established veterans' hospitals and pioneered the development of such rehabilitation measures as artificial appliances, occupational and physiotherapy and vocational training. Although meagre by to-day's standards, these activities pointed the way to effective rehabilitation for the handicapped.

2. After the First World War

Voluntary efforts

The first major development in the post-war years was the formation of the Canadian National Institute for the Blind in 1918. Since then numerous voluntary agencies have been established to provide services for people suffering from the effects of illnesses such as arthritis and rheumatism, cerebral palsy, poliomyelitis, mental illness and paraplegia. Supported by service clubs and in some instances by public funds, some of these voluntary groups were able to organize on a nation-wide basis.

Then came the depression of the 1930's. Federal, provincial and municipal governments were absorbed in the problems of mass unemployment, and without needed support many voluntary associations barely managed to survive.

With the war situation in the 1940's social agencies saw the need to bring together all available rehabilitation resources. Social planning councils were set up first in Vancouver and later in Montreal, Toronto, Hamilton, Windsor and Edmonton. In several of these cities community rehabilitation centres were established catering to all groups of handicapped people.

Support from provincial governments

Already in the 1920's voluntary programmes had needed public support. As the worth of voluntary programmes came to be more fully realized and, as the costs exceeded the resources of private groups, again the provincial governments came to their aid. A few provinces also initiated government services for the rehabilitation of certain groups of handicapped people such as those suffering the effects of poliomyelitis, cerebral palsy and mental illness. Then, in 1946, Saskatchewan became the first province to introduce a general vocational rehabilitation programme for its adult citizens who needed such assistance.

The education of handicapped children aroused the concern of thoughtful people who realized that without a sound basic education these children would be doubly handicapped. Educational authorities in the provinces began to organize special classes for handicapped children within the regular school systems. Teachers were employed to hold classes in children's hospitals and to visit the homes of children whose disabilities prevented them from going to school. In several provinces, special schools were built for the deaf and for the blind.

In this period too, rehabilitation services for men and women injured while at work were expanded. The Ontario Workmen's Compensation Act was amended in 1924 to incorporate broad provisions for rehabilitation in the compensation system and vocational training and placement services were supplied in selected cases. A physiotherapy department was set up in 1932, followed by an occupational therapy department in 1938. In 1940 the two departments were combined to create a rehabilitation centre.

During the war a rehabilitation centre under Workmen's Compensation auspices was established in British Columbia, soon to be followed by centres in Quebec and Alberta. All of these continue to experiment in better methods of physical and vocational rehabilitation for the handicapped.

Federal government initiatives

During the manpower shortage of the Second World War many disabled men and women gave dramatic evidence of their ability to work. In 1942, under the federal-provincial vocational training programme, handicapped people, as well as other civilians, were given opportunities to acquire new job skills.

The following year the National Employment Service, which had been set up in 1940, established a Special Placements Section to provide counselling services and to help find jobs for people with occupational handicaps, including the physically disabled.

The most significant development during this period however was the comprehensive programme which the Department of Veterans Affairs organized for disabled veterans. Under the leadership of highly qualified staff, using a great variety of new techniques and facilities, the Department demonstrated that most handicapped veterans could be re-established in civilian life.

Following the Second World War the federal government extended its assistance in the rehabilitation field as part of its growing health and welfare service. Just as help for the handicapped had become too vast an undertaking for voluntary agencies to handle without assistance from provincial governments so by this time federal aid was necessary to stimulate the further expansion of services.

The first example of such assistance came as part of the National Health Grants Programme introduced in 1948. This provided for the payment of grants to the provinces for the strengthening of public health and hospital services. Several of the grants, such as those for tuberculosis, mental health and crippled children, make provision for

expanding rehabilitation projects. Federal grants also support the rehabilitation services of voluntary groups including the Canadian National Institute for the Blind, the Canadian Paraplegic Association and the Canadian Mental Health Association.

3. The decade of the 1950's

Co-ordinating the services

In spite of this expansion of help for the handicapped, by 1950 there was still no comprehensive programme embracing all types of disabilities and all kinds of services. Both voluntary and government agencies had focussed attention on selected groups of people, particular types of disability or special forms of service. Thus, while extensive services were available to such groups as the blind, workers injured on the job and war veterans, aid for other groups was fragmentary or non-existent. Funds also were insufficient and there was no coordination of services.

In 1951 a National Conference on the Rehabilitation of the Physically Handicapped was convened by the federal government to discuss more adequate means of coping with the problem in all its aspects. Recommendations made at this Conference set in motion a series of developments designed to assist co-operative planning and the expansion of services in order to bring about a comprehensive rehabilitation programme for Canada's handicapped civilians.

One of these developments was the appointment in 1952 of a National Advisory Committee on the Rehabilitation of Disabled Persons to serve as a forum for the exchange of ideas and information on rehabilitation. This Committee is composed of representatives from provincial governments, federal departments, organized labour, employers, universities, the medical profession and voluntary health and welfare agencies.

In the same year a National Co-ordinator of Rehabilitation was appointed to head a newly formed Civilian Rehabilitation Branch in the Department of Labour, whose function is to co-ordinate rehabilitation activities at the federal level and to assist the provinces as desired to co-ordinate and develop their rehabilitation programmes.

In 1953, to help the provinces in organizing rehabilitation programmes, the federal government made grants available to each province which entered into a rehabilitation co-ordination agreement. By 1955 nine provinces had established machinery under this programme for the co-ordination and development of activities for the rehabilitation of disabled men and women.

63853-0—3

Personnel and equipment

In 1953 the federal government added a Medical Rehabilitation Grant to the National Health Grant Programme. This grant provides bursaries for rehabilitation staff such as physiatrists, physiotherapists, occupational and speech therapists, bracemakers and social workers to be employed in a hospital or rehabilitation institute. The money may be used also to purchase rehabilitation equipment such as electrotherapy machines, gymnastic equipment, ultra-violet lamps and sewing machines and for the extension of medical services to disabled men and women who would not otherwise be able to get assistance.

Job training for the handicapped

Another forward step was the adding of Schedule "R" to the federal-provincial vocational training programme administered by the Department of Labour. This new schedule made provision for the vocational training of disabled people, thus emphasizing the distinctive requirements of this group of men and women.[1] At the same time the Special Placement Services of the National Employment Service were expanded and staff training improved.

Financial assistance for the handicapped

A new joint federal-provincial programme to provide allowances to permanently and totally disabled people began in 1955. The Disabled Persons Act also makes provision for assessment by a Medical Review Board, set up in each province, of all applicants for allowances. Any men and women who might benefit from rehabilitation services are referred to the office of the provincial co-ordinator.

Services extend northward

With the rapid pace of social and economic change in the north during the fifties and its effect on Canada's native peoples, the federal government has been confronted with the need for rehabilitation of disabled Eskimos and Indians. A feature of this work has been the emphasis on social as well as physical and vocational rehabilitation.

The economics of rehabilitation

Questions are sometimes raised regarding the cost of rehabilitation services. Their value is to be found in the happiness and well being of the handicapped men and women who, through their use, have

[1] For fuller explanation of Schedule "R" see page 14.

found independence and self respect. In addition, however, it can be shown convincingly that vocational rehabilitation pays off in dollars and cents.

Although with so many agencies and services involved, it is impossible to measure accurately the total results of the efforts that have been made, statistics regarding a group of 5,266 seriously disabled people who have been successfully rehabilitated are an indication of economic returns.

When brought to the attention of the provincial rehabilitation authorities, 80 per cent of these 5,266 men and women were without earnings, 50 per cent being dependent entirely upon public assistance. In addition the group had 3,881 dependents.

After securing rehabilitation services in the form of supplementary medical treatment, provision of artificial appliances, training and placement in suitable employment, the annual earnings of the group are around $9,600,000. Prior to rehabilitation, the cost of annual maintenance for these people ran to $3,900,000.

During the period in which they have been employed, some for several years now, there has been an actual saving of around $12,000,000 in maintenance cost and the accumulated earings of the group have totalled $29,000,000.

Vocational Rehabilitation of Disabled Persons Act, 1961

At the 1960-61 session of Parliament an Act was passed to put into statutory form authorization for the federal government to enter into agreements with the provincial governments respecting support for their efforts to develop a comprehensive and co-ordinated programme of rehabilitation for disabled persons.

The Vocational Rehabilitation of Disabled Persons Act encourages the development and co-ordination of the various federal activities in the field of vocational rehabilitation. The responsibility of co-ordinating federal services is placed with the Minister of Labour in co-operation with the Minister of National Health and Welfare. Authority is given to the Minister of Labour to undertake research in the area of vocational rehabilitation either at the federal level or in co-operation with any province.

In commenting on the significance of the new Act when it came up for second reading in the House of Commons the Honourable Michael Starr, Minister of Labour, said:

> It can be seen that the measure sets out specifically the responsibilities of the federal government in this important field. The resulting agreements will enable the provinces to indicate the services that they are willing to provide. This in turn should enable the provinces and the voluntary agencies to work out a co-ordinated approach in which the role of each in a total rehabilitation programme is understood and defined.

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III

Provincial Programmes of Rehabilitation

1. Making use of co-ordinated services

How co-ordinated services work

In each of nine provinces, all but Quebec, an office has been established whose function is to co-ordinate the efforts of all agencies in the rehabilitation field[1]. Where rehabilitation services under other auspices were inadequate most provinces have established supplementary vocational rehabilitation services. Under these programmes, any handicapped man, woman or child who might benefit from some of these services is eligible for rehabilitation.

The handicapped person may be referred to the provincial co-ordinators by a number of persons or agencies—a doctor, a voluntary agency, a municipal department of welfare, the National Employment Service and by the Disabled Persons' Allowances Board. Some apply to the Co-ordinator directly or have a friend apply on their behalf. Several provinces have established a central registry for the handicapped to help find people in need of assistance and direct them to the proper agency.

Any woman whose handicap prevents her from achieving a full and useful life may therefore apply or be referred to the Provincial Co-ordinator for assistance. Trained rehabilitation officers will discuss her problems with her, arrange for assessment of the physical disability, where necessary, and help her to recognize and make the most of her vocational assets. Vocational training and job placement may be required if her goal is to be realized, if so, the officer will work in conjunction with the Special Placements Section of the National Employment Service to provide training under Schedule "R" followed by job placement.

In many cases the handicapped woman is unable to pay the cost of the services that she needs. In such cases, the service is provided free, the cost being met out of public funds or through contributions by voluntary agencies.

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[1] For addresses of provincial co-ordinators, see Appendix 1, page 47.

The story of Miss A., who had been severely paralyzed by polio since she was 12, illustrates what may be achieved through rehabilitation services working together in a community.

Late in 1955, Miss A. applied for a pension to the provincial Disabled Persons' Allowance Board. Now 31 years old, she had never earned her own living.

The social worker, sent by the Board to interview Miss A., found her living on public assistance in the home of her parents. Although Miss A. was very discouraged and despondent about her ability to support herself or do anything constructive, the social worker felt that she could benefit from rehabilitation services. Instead of granting the allowance the Board therefore referred her to the Provincial Co-ordinator of Rehabilitation.

The medical consultant of the provincial rehabilitation service wrote to Miss A.'s doctor to ask his opinion about the possibility of her rehabilitation and to suggest some of the services that might be of help. The doctor replied that he had discussed the matter with his patient and that she was enthusiastic about going ahead with a plan for her rehabilitation.

In January, 1956, the rehabilitation service made arrangements for Miss A. to enter, as a resident trainee, a large rehabilitation centre run by a group of voluntary organizations. While there she was interviewed and given tests to show her aptitudes and interests and treated for her physical disability. Then a plan was drawn up with the objective of assisting her to get around by herself and ultimately to be placed in a job.

Three months later with the help of a new brace, physiotherapy and her own determination, she graduated from crutches and was able to get around using a cane for support.

Meanwhile, under the guidance of a vocational counsellor in the office of the Provincial Co-ordinator, Miss A. enrolled in correspondence courses to raise her academic standing. By April she had progressed so satisfactorily that the office of the Co-ordinator applied on her behalf to the Training Selection Committee of the Department of Education to have her take a commercial course at a vocational institute under Schedule "R" of the Vocational Training Co-ordination Act.

On approval of her application she began her course taking it during the mornings and continuing her physical rehabilitation at the centre in the afternoons. At the end of May the office of the Co-ordinator helped her find a boarding house where she lived "on her own". She finished her course successfully in December.

The Special Placements Section of the National Employment Service then helped her find a good position as a shipping clerk. Her work has been very satisfactory, she has recently joined a drama group and participates in a number of other community activities.

The federal-provincial co-ordination agreements allow for wide variation in the scope of provincial services, methods of administration and techniques of co-ordination.

In the four *Atlantic Provinces* close working relationships exist among various government departments, the professions, universities and voluntary organizations. Advisory bodies, representative of all these agencies have taken an active role in assisting the provincial co-ordinator in over-all planning.

Some medical and vocational services are provided directly by provincial government agencies. Each government, with the help of voluntary groups, also operates a rehabilitation centre[1] in which a number of services are combined under one roof.

The province of *Manitoba,* too, has developed a well co-ordinated medical and vocational rehabilitation programme. The planning is done by the provincial co-ordinator with the help of an interdepartmental committee and an advisory rehabilitation commission representative of all rehabilitation agencies. A distinctive feature of the programme in Manitoba is the unusual amount of responsibility delegated to a voluntary agency, the Society for Crippled Children and Adults of Manitoba. The society employs a medical consultant and a staff of physiotherapists, social workers, vocational counsellors and uses the medical services and vocational training available in the community. The only handicapped people excluded from these services are the tubercular, the blind, industrial accident victims and treaty Indians, who are all covered by separately organized services.

Ontario has long been the centre for pioneering rehabilitation experiments which have resulted in well-developed programmes and facilities for certain groups of disabled people such as the blind, crippled children and men and women injured at work. The provincial rehabilitation programme therefore relies heavily on the services provided by voluntary agencies, hospitals and community groups, and some of the responsibility for co-ordination has been given to local planning committees. Over-all co-ordination of services is in the hands of the Rehabilitation Services Division in the Department of Public Welfare, with assistance from a provincial advisory committee. A strong programme of vocational re-training has been developed and a number of community rehabilitation centres established.

Alberta's co-ordinated rehabilitation programme, like that of Ontario, is provided through the Department of Public Welfare, and here also extensive use is made of services of voluntary organizations. A provincial advisory committee on rehabilitation was formed in 1955 with representation from government agencies concerned with the

[1] In Newfoundland, the centre serves children only.

problem. Assessment of the disabled person's abilities, treatment, vocational counselling and training are provided by the provincial authorities, voluntary and community agencies while job placement is carried out by the National Employment Service or by staff of the Department of Welfare.

Rehabilitation in *British Columbia* has been characterized by comprehensive programmes developed separately by several agencies. The Provincial Co-ordinator of Rehabilitation is located in the Health Department. He makes extensive use of the facilities provided under voluntary auspices at the G. F. Strong Rehabilitation Centre and by other voluntary organizations. These include medical assessment and medical services, physical and occupational therapy, social casework and some vocational counselling. Training is secured through Schedule "R" and close cooperation regarding placement is maintained with the National Employment Service.

In *Saskatchewan t*he Rehabilitation Branch of the Department of Social Welfare and Rehabilitation has conducted a vocational rehabilitation programme for more than 10 years. It now takes advantage of available federal assistance and it offers free medical, social and vocational diagnosis, counselling and casework services with provision for the purchase of physical restoration and vocational training and maintenance allowances for needy people. The Department of Public Health operates two rehabilitation centres, the Saskatchewan Council for Crippled Children and Adults and other voluntary agencies supply special services such as sheltered workshops. Since 1957 over 40 public and voluntary agencies have been brought into an inter-related programme by the Provincial Co-ordinator with the assistance of an inter-departmental committee.

The Province of *Quebec* has voluntary agencies which operate some of the most advanced rehabilitation facilities in Canada. The provincial Department of Youth, however, administers a vocational training programme serving certain categories of handicapped people, particularly ex-tubercular patients. The same department also operates vocational guidance bureaux and makes provision for the training of disabled men and women in its technical schools and arts and craft schools. Quebec does not participate in the federal-provincial co-ordination programme.

In all provinces the programmes are flexible enough to meet almost any need. Recently, for instance, a rehabilitation plan was carried out for a family instead of for an individual.

Mr. B. was referred to the provincial rehabilitation service in 1956 by the Multiple Sclerosis Society. He had been a stationary engineer with a good job until his disability forced him to stop work. He had a wife at home, a responsible, intelligent woman, and two school-aged children.

The provincial medical rehabilitation consultant got in touch with Mr. B.'s personal doctor who confirmed that he had a severe degree of multiple sclerosis which had been rapidly progressive. After a considerable amount of discussion with Mr. and Mrs. B. and their doctor, the medical consultant and vocational counsellor at the provincial rehabilitation service both agreed that it would probably be Mrs. B. who in the future would have to take on the responsibility for the family's support. Mr. B. would, to the extent of his ability, need to assume the care of the home.

At first it was difficult for Mr. B. to agree to this suggestion, but soon both he and his wife came to recognize the practical aspects of the plan.

The next step was to assist Mrs. B. to decide the kind of work consistent with her interests and educational background that would gain the highest salary. The vocational counsellor found that prior to her marriage she had worked only briefly and that, while her education was average, she had no special training or skill which would enable her to obtain a job or earn a salary sufficient to satisfy the family's requirements.

After further discussions Mrs. B. decided there were two training possibilities open to her—beauty culture and practical nursing. Finally, she decided in favour of the latter. The rehabilitation service therefore applied to have her train as a nursing assistant under the federal-provincial vocational training agreements at a local vocational institute. Her application was approved by the training selection committee and she started to school in January, 1957. By the following December she had finished her course and was employed immediately in a hospital close to her home. There she now holds a supervisory position.

In the meantime, a voluntary agency has become interested in Mr. B. and plans are being made for him to operate a small business from his home in which he will use his technical knowledge as a trained stationary engineer and his manual skills. While it is still uncertain to what extent he will be successful in the venture, Mr. B. is cautiously hopeful about its prospects for the future.

Training for the job

Vocational training is an essential part of all the provincial rehabilitation programmes. Disabled men and women are trained under an agreement between the federal and provincial governments—the Vocational Training Agreement—to which there is a Schedule "R" for rehabilitation. The federal government reimburses the provinces for one-half the cost of training but, because of vocational training is

regarded as an integral part of the provincial educational systems, the operation of schedule "R" is mainly a provincial responsibility.

Schedule "R" is a set of regulations which provide for the provincial governments to set up and run special class projects for the training or re-training of disabled men and women in any vocational, technical or professional field who, "because of . . . disability require training to fit them for continuing employment in a suitable occupation." Vocational guidance, including work try-outs are also available under the Schedule. More recently provision for an assessment of the aptitudes, interests and abilities of the selected students has been added.

The agreement requires that all trainees must be approved by a training selection committee of at least three members—a representative of the provincial Department of Education, a federeal representative usually from the National Employment Service, and the Provincial Co-ordinator of Rehabilitation. Representatives of voluntary agencies concerned with rehabilitation also frequently serve on the committee. Candidates for trading are referred to the selection committee by the Provincial Co-ordinator's Offices, the National Employment Service and other organizations which provide vocational counselling.

Training can be provided in a number of different ways. One very common method is to assign trainees to part-time or full-time classes in established or specially organized institutions for periods which may run as long as two years or even more. Cash allowances are paid for living costs, for transportation and for unusual expenses such as the transportation of a paraplegic from boarding place or home to school or job.

If suitable training is not available in schools, training on-the-job is arranged whenever possible, with an employer for whom the man or woman will work on the completion of training. Under this arrangement the provincial and federal governments may pay part of the wages for a maximum period of twelve months. These amounts are decreased, however, as the learner becomes more valuable to the employer.

In the period from 1954 to 1960, 2,660 handicapped men and 1,449 handicapped women received training under Schedule "R". The provisions for counselling and training available under the Schedule are so flexible that it is possible to meet almost any of the varied needs of the handicapped. Handicapped men and women have been prepared for industrial, service, technical and office occupations. General academic education is not included but short preparatory courses in specific subjects may be approved. A few people with appropriate qualifica-

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tions have been given courses preparing them for teaching, nursing, social work, architecture or pharmacy. Most of the women take commercial courses.

The story of Miss O., a young woman who, when 18 years old, lost both legs in a train accident illustrates how Schedule "R" operates.

> One of the voluntary agencies had arranged for Miss O's medical care and treatment. Her legs were severed so close to the hips that it was found impossible to fit her with artificial limbs that would be of any use to her. After she had mastered the use of her wheelchair the voluntary agency arranged for her to visit the office of the Provincial Co-ordinator where a rehabilitation counsellor helped her decide on the kind of work she would like to do.
>
> Having completed grade twelve before her accident, Miss O. had a better than average educational background. After much discussion with the counsellor she decided that her interests and aptitudes called for a business course. Later she was called before a training selection committee which approved of her decision.
>
> Then to his dismay the rehabilitation counsellor discovered that every business school in the city was located above the ground floor of a building, and not one of these buildings had an elevator.
>
> When it appeared that Miss O.'s training would have to be postponed, a business school instructor came forward to tutor her. She was given lessons at her home each day and eventually she gained proficiency at typing and shorthand.
>
> When Miss O. was ready to work, the provincial rehabilitation counsellor arranged for her to visit a special placement officer at the National Employment Service. Just at that time the provincial Civil Service Commission needed stenographers and the Commission assured the special placements officer that if Miss O. were successful in the examination she would be given full consideration for a job in the service.
>
> Miss O did pass with very little difficulty and now works, very successfully, in an office located on a ground floor where her wheelchair may be moved without undue difficulty.

2. Women injured on the job

Any man or woman injured in the course of employment or who suffers from an occupational disease is provided with free medical care and vocational rehabilitation services under the provincial workmen's compensation legislation. Mrs. C's story is that of a woman who was restored to usefulness by the workmen's compensation system. Fortunnately to-day few women are ever as seriously injured at their work as she was.

> Mrs. C., who was employed as a street car conductor during the Second World War, slipped and fell at the rear of her street car while attempting to replace a trolley cable. As a result of the accident she suffered fractured vertebrae and severe back strain.

After receiving lengthy medical treatment at a hospital, she was admitted in December 1946 to a Workmen's Compensation Board Clinic for physiotherapy. She seemed to improve greatly and her doctors considered her fit for employment. Her case was therefore closed in April, 1948, when she found a job as an elevator operator.

Several months later, however, Mrs. C. complained of pain in her back and stopped working. For a number of years she kept house for her husband and two teen-aged daughters. Still later evidence of spinal degeneration appeared. The Workmen's Compensation Board therefore reopened her case in December, 1957 and surgery was authorized. While convalescing from this operation, Mrs. C was seen by a rehabilitation counsellor of the Board.

Her problem was complex because she had not been employed for nine years, had a low academic standing having left school at 16 and had no special skills. Her husband was by this time unemployed as a result of a brain tumour which was expected to be fatal.

The rehabilitation counsellor arranged for Mrs. C. to take vocational tests. The results indicated an aptitude for clerical work, employment in which Mrs. C. herself expressed an interest. Interviews were held with officers of the street railway company that had employed Mrs. C. before her accident to see if they could offer her work of this type. The company agreed to do so if such a job were available when Mrs. C. was ready for work.

Unforseen circumstances prevented the company from rehiring Mrs. C. and other employers were canvassed. In about two weeks a position was found for her as a receptionist in a doctor's office. The work involved bookkepping and typing, and the hours were such that she could leave her husband in the care of neighbours. The Board closed her case in September, 1958, and awarded her a pension for her permanent disability.

Each of the ten provinces, as well as the Yukon and Northwest Territories, has its own workmen's compensation law administered by a government board or commission. Employees of the federal Government are covered by special legislation, the Government Employees' Compensation Act. Blind workers employed with the approval of the Canadian National Institute for the Blind may receive compensation for accidents under special legislation in eight provinces. In the other two, they are covered by the general workmen's compensation laws.

While the provisions of the laws and the extent of services provided under them vary from province to province, they all follow the same basic principles.

Scope of laws

The laws apply to designated industries and undertakings and make no distinction between men and women workers. Originally designed to cover manufacturing and hazardous employment such as

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mining and construction, the laws have gradually been extended so that most work places are now within their scope. There are, however, some exceptions, and a few undertakings employing considerable numbers of women workers are not automatically covered.

For instance, domestic service and farm work are covered only to a very limited extent, and in most cases it is not compulsory for school teachers to be included. Employees in retail stores and workers in hotels and restaurants are excluded from the Quebec law; and employees of hospitals and nursing homes are not covered in Quebec, Prince Edward Island and Nova Scotia. In some provinces, small undertakings employing fewer than a stated number of workers are outside the scope of the legislation. In most cases, however, an employer whose undertaking is excluded, may voluntarily apply to the Board to have his workers covered. All federal Government employees, and employees of a number of federal Crown companies, board and agencies, regardless of the type of work they do, are eligible for workmen's compensation.

Medical aid

Under all the laws, medical treatment is given from the date of the accident for as long as required. It includes all necessary medical, surgical, nursing and hospital services, medicine and drugs as well as supply and repair of artificial limbs and other personal aids for as long as the disability continues. Medical treatment is given to disabled workers in the various general hospitals, wherever possible in the one nearest their homes.

Financial assistance

Disability pensions are paid to injured workers and are themselves an important aid to vocational rehabilitation. Cash compensation is paid during the time the worker is undergoing medical treatment, and, in the case of permanently injured workers, a pension is paid for life or as long as the person is disabled. The fact that the pension is not reduced in relation to earnings after rehabilitation gives the workers an added incentive to return to the old job or to be re-trained.

If the worker dies as the result of a work accident or industrial disease, fixed monthly payments are made to the widow and benefits are also granted for the support of children and other dependants.[1]

[1] For the amount of benefits payable under the various provincial workmen's compensation laws in both disability and death cases, see *Workmen's Compensation in Canada,* a comparison of provincial laws, Department of Labour of Canada, Ottawa, October, 1960. Available from the Queen's Printer, Ottawa. 25 cents.

The compensation to which a worker is entitled under workmen's compensation laws takes the place of a right to legal action, and he or she may not sue the employer in court for damages for an injury received in the course of employment.

Minor injuries

Since women are usually employed at less hazardous work than men, their injuries are on the whole less severe than those of men. The most common work injuries that women receive are cuts, minor finger amputations, and strains or sprains. The most common industrial disease among women workers is an inflamation of the skin known as dermatitis.

Although occasionally short re-training courses are given to such women they are usually able to return to their former jobs after treatment or are given another job at the same workplace.

Vocational rehabilitation

In four provinces, Ontario[1], Quebec, Alberta and British Columbia the Workmen's Compensation Boards themselves operate rehabilitation centres. In the others, they make arrangements with hospitals, vocational training institutions and other agencies to purchase rehabilitation services for disabled workers who need them. As soon as possible the Boards refer seriously disabled men and women or those with special problems to these services for assessment and further treatment. The patient then follows a daily programme of progressively graded individual and group activities prescribed to develop skills and if necessary to facilitate adjustments to the use of an artificial limb. In addition to the development of four outstanding centres, workmen's compensation programmes have stimulated the establishment of community rehabilitation services in general hospitals and rehabilitation centres, leading to improved treatment standards for all patients.

A rehabilitation officer of the Workmen's Compensation Board supervises the rehabilitation plan for each patient. He arranges for special services, where facilities are available, such as personal counselling and vocational testing.

In some cases, the job selected by the handicapped person requires special training. Experience shows that women tend to select re-training in such traditionally women's jobs as typing, and stenography, nursing,

[1] The Ontario Workmen's Compensation Board Hospital and Rehabilitation Centre has only men patients living in. The Board purchases similar services for women patients in general hospitals. A few women have used the services of the centre as outpatients.

dressmaking and beauty culture. The rehabilitation officer arranges for training to be carried out in the vicinity of the patient's home, either on the job or in an approved institution. When training is not available near the worker's home, the Board provides it elsewhere. Maintenance allowances are paid by the Boards, when required, to workers enrolled in vocational courses.

If the former employer cannot take the injured worker back on his staff, the rehabilitation officer helps her to find a new job. After she is back at work he looks into her progress at regular intervals. No case is ever completely closed; it can always be reopened should there be evidence of further disability arising from the original work injury or occupational disease.

How the services are paid for

The cost of workmen's compensation benefits and rehabilitation services is paid from the provincial workmen's compensation accident funds which are administered by the Boards. These funds also support extensive accident prevention programmes. Employers supply all the money for the funds by means of annual assessments. The amount of the assessment varies according to the size of their payrolls and the number and seriousness of the accidents in the particular industry. In the Yukon and Northwest Territories, employers are required to carry accident insurance for their workers with an approved company. Compensation is paid by the insurance company to workers in the territories at the same rates as are payable in Alberta.

Claims for compensation for federal government employees are paid from the provincial accident funds according to the scale of benefits of the province where the worker was employed. The federal Government reimburses the funds.

What the worker must do when injured

In case of an accident at work the employee should:

1. Ask for first aid where necessary
2. Report the injury to the employer
3. If medical aid is necessary ask the employer for the appropriate Workmen's Compensation Board forms and have them filled in by the doctor
4. Have a copy of the form mailed to the office of the Board
5. Complete carefully and return promptly any further forms received from the Board.

The Workmen's Compensation Board deals directly with the injured worker. Any questions regarding compensation payments or services should be addressed directly to the appropriate Board. Names and addresses are listed in Appendix 2 page 48. In the Yukon or Northwest Territories such questions are addressed to the territorial commissioner who may refer them to the Alberta Board. Federal Government employees contact the Government Employees Compensation Branch of the Department of Labour.

IV

Rehabilitation Programmes of Voluntary Organizations

To-day there are many voluntary agencies providing health and welfare services, vocational education and job placement for handicapped men and women. Most of them have been developed to meet the special needs of people afflicted by a particular disease or disability—the blind, the deaf, the cerebral palsied, the crippled children. They are supported in their efforts by government and community funds and frequently also by service clubs. Members of service clubs in addition to organizing fund-raising campaigns often help voluntary agencies by giving their time and talents in practical projects to help the handicapped to more effective living. Mrs. K., the mother of four children is one of many who has been restored to her home as an independent and productive citizen through the combined assistance from voluntary organizations and service clubs.

Mrs. K., now 35, had contracted polio in 1953. Although the disease left her with near paralysis so that she is required to use a wheelchair, she tried to carry on with her homemaking duties. In 1957, Mrs. K's predicament was brought to the attention of a provincial chapter of the Canadian Foundation of Poliomyelitis.

The Foundation arranged for Mrs. K. to take further treatments at a rehabilitation centre in a nearby city. At the same time the Foundation obtained the cooperation of a local service club to begin a program of renovations to Mrs. K's home. Lumber and various automatic appliances were obtained locally by the club.

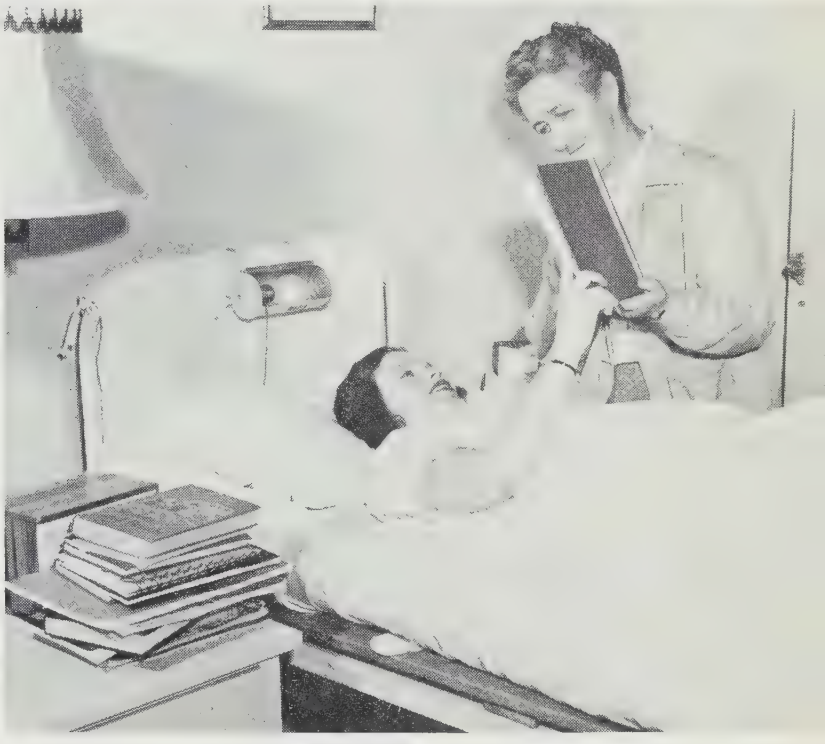
To facilitate mobility of Mrs. K's wheelchair, doors and walls of the house were removed and a special back-door ramp was built with a blacktop runway extending to the front of the house.

Shelves and cupboards were rebuilt and lowered for her convenience, a pantry wall was removed to provide new bathroom facilities, and floor covering was replaced. Mr. K,, a capable man with carpentry skill, directed the work that was involved.

Mrs. K., under the Foundation's sponsorship, was re-admitted to the rehabilitation centre early in 1959. She remained there several months for a complete physical re-training program. It had been planned that the renovations of her home be made before she completed the programme so that her training at the centre would coincide with the renovation period.

The rehabilitation team

Under the leadership of the doctor, the rehabilitation team meets regularly to discuss the patient's progress and plan for future treatment; the physiotherapist, the psychologist, the rehabilitation counsellor and the social worker participate.

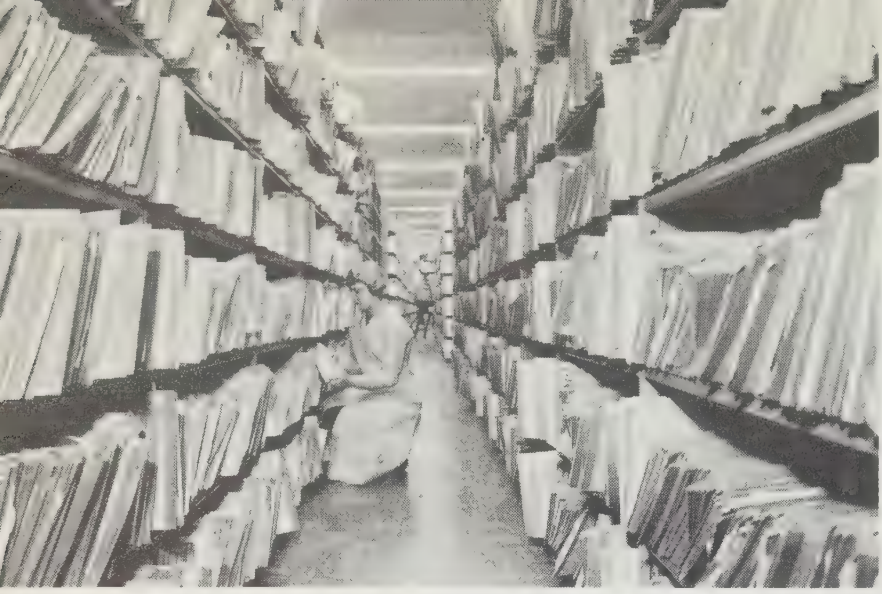


Going to school in hospital

A visiting teacher helps a young patient continue her studies. Education is most important to the handicapped.

Damaged muscles are made supple once more

An occupational therapist instructs polio patients in various handicrafts. Occupational and physiotherapy help the patient to regain the use of damaged muscles and limbs and to acquire a sense of well being.



A corridor of files

A clerical worker selects one person's file from among thousands kept at the office of a workmen's compensation board. No case is ever completely closed. It may be re-opened any time there is a further disability, arising from the original injury or occupational disease.

A "wheel-chair bus"

Without transportation many handicapped men and women could not take advantage of available rehabilitation services. It is a service frequently performed by voluntary workers.

**Choosing a new hat—
a phase of rehabilitation**

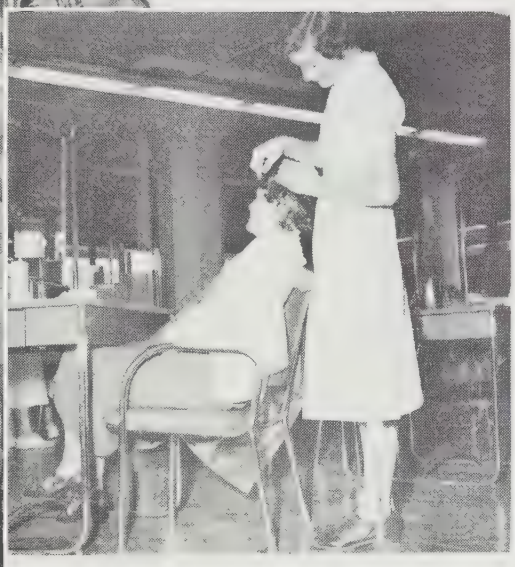
A young Indian girl, after completing treatment and training, is taken on a shopping tour by a rehabilitation counsellor. Tomorrow she will be ready for a job.

Vocational rehabilitation in the far north

An Eskimo woman, a former T.B. patient, sews snowsuits and ski jackets at the Frobisher Bay Rehabilitation Centre.

"THENCE TO NORMAL LIVING"

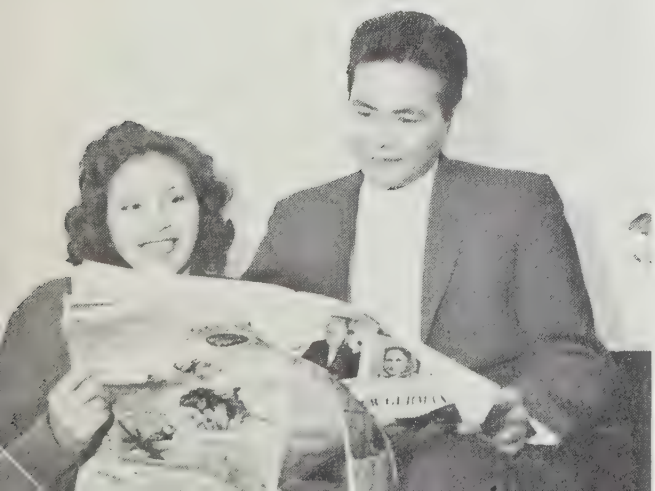
Confined to a wheelchair as a result of a car accident, this girl is taking stenographic training at a vocational high school. She will soon be ready for a job.



Having completed a hairdressing course, this former polio patient is employed in a beauty parlour.

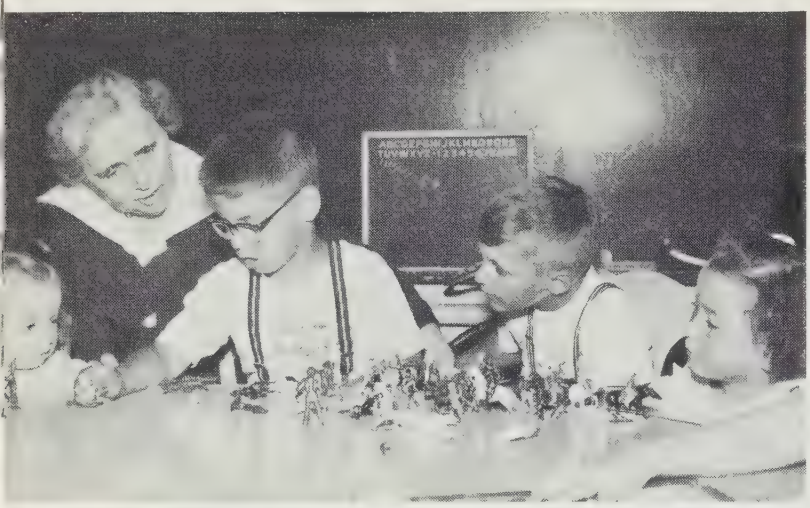
← This handicapped Indian girl, trained as a laboratory technician, now works in a large western hospital.

After long periods of rehabilitation, two young handicapped Indians from the Northwest Territories have obtained jobs. Married in 1959, they are shown in the living-room of their apartment.



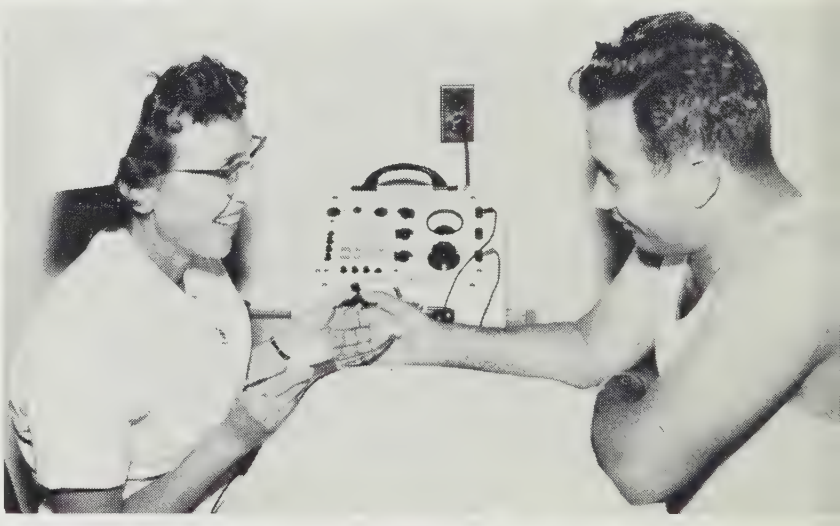
A housewife bakes bread in an oven easily accessible from her wheelchair.

CAREERS IN REHABILITATION



Through play therapy a nursery school teacher helps the handicapped child to develop cooperation with other children.

A speech therapist at a summer camp for handicapped children uses a mirror and tape recorder to help a young patient improve his speech.



A physiotherapist helps restore damaged muscles through electro-massage. She may also use exercise, heat, light, water and wax baths.

An occupational therapist teaches a patient pre-vocational skills.

The Foundation provided a new wheelchair and leg braces which Mrs. K. required. A helping hand device to further assist her in reaching for articles in her home was also supplied. Thus Mrs. K. returned to her renovated home to become a much more independent and competent homemaker.

Sheltered employment

Voluntary agencies have pioneered in providing sheltered employment for handicapped men and women who cannot compete in the open labour market. Sheltered employment has also been organized by groups of handicapped people themselves and is occasionally sponsored by a social agency. Most facilities for sheltered employment cater to both men and women but a few have been organized to serve women only.

The sheltered workshop is designed primarily for men and women capable of working in a central location despite physical handicap, personality disorder or age. There are more than 60 such workshops across Canada. Many of the handicapped permanently employed in workshops are able to be self-supporting or find their earnings worthwhile to supplement other income. For others the income may be nominal but they benefit from doing useful work and from social and recreational activities that are sometimes provided in the workshops.

Some workshops have programmes for severely handicapped housewives that are valuable as physical therapy and to help improve their social adjustment. Housewives usually attend on a part-time basis and engage in various crafts such as leather and metal work, weaving, sewing and jewellery making.

Some sheltered workshops are also vocational adjustment centres; they make an important contribution toward rehabilitation by providing a realistic setting for the assessment of a handicapped person's capacity to work and by helping him or her to establish satisfactory work habits. On-the-job training under Schedule "R" is also frequently available in the workshop. After a period in the workshop many handicapped men and women are able to take regular employment.

Some of the sheltered workshops operate their own placement services, others use the special placement facilities of the National Employment Service.

Besides sheltered workshops which provide a central work place for handicapped people, there are also sheltered employment programmes providing work specifically for men and women who are unable to leave their homes. An example of this type of service is "Marina Creations", launched in 1955 in Toronto, under the auspices of the Society for Crippled Civilians, and later in Edmonton. "Marina

Creations" encourages homebound women with needlecraft skills to produce fine quality products which bring them both satisfaction and financial returns. Each of the more than 60 handicapped workers has a volunteer who brings material, instructs and encourages. There is no regular shop, the group depending on one-day sales at the homes of friends and occasional space in store windows and hairdressing salons.

Disabled men and women are referred to sheltered employment by their physicians, rehabilitation agencies and by the offices of the Provincial Co-ordinators of Rehabilitation. However any person interested in sheltered employment may apply directly to a sheltered workshop or to an agency providing employment for the homebound.

Voluntary organizations concerned with rehabilitation

The following paragraphs give details of nationally organized voluntary agencies which offer vocational rehabilitation services. Their addresses are listed in Appendix 3, page 49.

The Canadian National Institute for the Blind

Since its inception in 1918, the Canadian National Institute for the Blind has provided rehabilitation services for the blind and to those with partial sight.

The Institute provides social welfare services and financial assistance. It also arranges for eye examinations and treatment, purchases glasses for needy people and operates an eye bank.

Under an extensive rehabilitation programme, with training facilities centred in Toronto, the institute trains blind men and women in various occupations, offers job counselling and placement services and, for those who cannot compete in industry, it provides sheltered workshops. Its more than 425 newspaper, tobacco and confectionery concessions are operated by blind persons. Blind field workers take a home training programme to blind men and women to help them learn Braille, typing and handicrafts, and to teach homemaking skills to blind housewives. A special programme for pre-school blind children prepares them for attendance at a school for the blind.

The Institute builds and maintains residences and recreational facilities in all larger cities and supplies Braille books and recordings for the blind from its national library.

The Canadian Council for Crippled Children and Adults and The Canadian Foundation for Poliomyelitis and Rehabilitation

In 1960 an amalgamation was effected between the Canadian Council for Crippled Children and Adults and the Canadian Founda-

tion for Poliomyelitis and Rehabilitation. Programmes vary from province to province, range from the establishment of cerebral palsy clinics and the operation of summer camps for the handicapped, to payment for treatment services, prosthetics, and hospital and nursing care for needy handicapped people.

The new agency cooperates with local school boards in providing additional facilities in the schools for handicapped children. It arranges for vocational re-training and the organizing and financing of small businesses for handicapped people. Frequently handicapped mothers are re-trained to carry out their domestic duties and helped to re-organize family living.

The Canadian Hearing Society

Organized in Toronto in 1940 as the National Society for the Deaf and the Hard of Hearing, the Canadian Hearing Society is concerned with the preservation of hearing, the treatment of deafness and the provision of rehabilitation services for those with impaired hearing. It provides hearing examinations, counselling, vocational guidance and job placement services for the deaf and hard of hearing, and hearing aids to indigent persons.

The Canadian Paraplegic Association

The Canadian Paraplegic Association, which was established in 1945 to complement the specialized treatment and rehabilitation services developed for veterans by the Department of Veterans Affairs, now includes services for civilian paraplegic cases and persons seriously handicapped by poliomyelitis and other disabling conditions.

The major treatment centre, Lyndhurst Lodge, provides in-patient and out-patient therapy, prosthetic appliances, loans to patients, and rehabilitation services such as job counselling. The Association has branches in Halifax, Montreal, Winnipeg and Vancouver.

The Canadian Mental Health Association

The Canadian Mental Health Association, organized in 1918 as the National Committee for Mental Hygiene, participates in almost every development in the mental health field in Canada. The Association conducts an active public education programme, serves as consultant to government departments, welfare agencies and other voluntary organizations, operates a teacher training programme and encourages research in the mental health field.

The Canadian Association for Retarded Children and Adults

The Canadian Association for Retarded Children and Adults was incorporated in 1958 to assist and give coordinated direction to the work of a number of organizations for the mentally retarded associated in 10 provincial and over 100 local groups. Membership in the locals consists mostly of parents of mentally retarded children.

The purposes of the Association include the promotion of facilities for retarded children, such as clinics, schools, institutions, workshops and training centres and the encouragement of reseach into the causes of mental deficiency. Increasing numbers of day classes offer training opportunities within the community for mentally retarded children who are not acceptable for regular school instruction.

The Canadian Tuberculosis Association

Founded in 1900 to stimulate public demand for increased treatment facilities, the Canadian Tuberculosis Association has extended its objectives to case finding, diagnostic services, rehabilitation of ex-patients and the education of the public. The most important single activity of the provincial organization, which exist in all provinces is the chest X-ray programme, annually reaching two million men, women and children.

Vocational rehabilitation of tuberculosis patients, who will not be able to return to their former work, is closely co-ordinated with the general rehabilitation scheme in each province. Rehabilitation officers usually form part of the sanatorium staff and instructors and teachers employed in the sanatoria give instruction in such subjects as bookkeeping, stenography, typing, and drafting. Job training is also given through correspondence courses in academic, commercial and technical subjects while housewives are often given advice on domestic techniques so that they may more easily resume their homemaking duties on discharge from the sanatoria. Children in sanatoria are taught either by regular teachers employed in the sanataria or by correspondence courses provided by the departments of education.

Patients who require further job-training after leaving the sanatarium are referred to the general provincial rehabilitation programmes.

The Canadian Arthritis and Rheumatism Society

Established in 1948 to promote research, professional education and treatment in the field of rheumatism and arthritis, the Canadian Arthritis and Rheumatism Society sponsors an educational programme both for the general public and physicians. It encourages the establishment of clinics on general hospitals for the treatment of low-income

patients and has pioneered in the operation of mobile clinics now operating some seventy units to bring treatment to homebound patients.

Two provinces, Ontario and British Columbia, provide occupational therapy in one or two urban centres for arthritic patients after they leave hospital. Social workers are also available in these two provinces to assist former patients and their families to understand the disease and the medical-social problems which it involves. The general trend, however, in vocational guidance and training programmes is to integrate the facilities for the rehabilitation of rheumatic patients with those for persons with other disabilities. In most provinces the Society refers suitable patients to the Provincial Coordinator of Rehabilitation for rehabilitation assessment and vocational services.

Voluntary groups work together

The growth of so many different voluntary agencies to meet the needs of people suffering from particular disabilities has raised problems of duplication and overlapping of rehabilitation services. Efforts are now being made to co-ordinate activities. An example of the trend toward consolidation has been the increasing co-operation between branches of the poliomyelitis foundation and the society for crippled children and adults which has led to the establishment of a single agency to serve all people, young and old, suffering from orthopedic handicaps. The increased role of government programmes such as hospital insurance, federal health grants and civilian rehabilitation programmes in financing facilities and services is also stimulating co-operative planning among voluntary groups as well as a search for new areas of service.

Community or area coordinating councils, often sponsored by the provincial rehabilitation authorities are endeavouring to stimulate greater cooperation, avoid duplication and develop area planning to meet the needs of the disabled.

V

Federal Programmes of Rehabilitation

1. Disabled veterans

The key development in rehabilitation services in the post-war years was the programme for handicapped war veterans carried out by the Department of Veterans Affairs. Many of the most successful methods of rehabilitating the severely handicapped, including selective placement, were first worked out for veterans. Many other agencies and services that mushroomed during the early post-war years have applied the methods learned from veterans' rehabilitation to other groups of handicapped people.

During the Second World War some 50,000 women enrolled in the Women's Division of the armed forces or as nursing sisters. Of these approximately 2,300 received disabilities as a result of war service. When the Department of Veterans Affairs was set up toward the end of the war these women were specifically granted equal rights with men in every respect of the large scale rehabilitation programme.

Miss D., a former nurse who received serious injuries while serving as a lieutenant with the Canadian Navy is an example of the many women veterans successfully rehabilitated through DVA services.

> Miss D., a pensioner, underwent extensive treatment at a DVA hospital. With the financial assistance of DVA she took post graduate training in clinical supervision at a university school of nursing. For a number of years she successfully pursued her career, until her disability made it impossible for her to continue nursing.
>
> After consultations with medical authorities and a casualty welfare officer of the Department Miss D. decided that she would like to be retrained as a teacher. DVA arranged for the retraining at no cost to the veteran. She completed her course and is now employed as a teacher specialist, a position which does not overtax her physically.

The Department provides the following rehabilitation services for veterans:

1. Medical treatment;
2. Physical restoration including occupational therapy, physiotherapy and pre-vocational training during hospitalization;

3. Prosthesis, the fitting of artificial appliances, such as limbs, braces and hearing aids, to restore lost capacities as far as possible;
4. Financial assistance;
5. Vocational guidance and personal counselling;
6. Vocational, technical and university training;
7. Selective placement;
8. After care.

The Treatment Services Branch operates 15 DVA hospitals and institutions and is responsible for active treatment, medical rehabilitation, prosthetic applianecs and the co-ordination of all rehabilitation services while the patient is in the hospital. After the patient leaves the hospital, the Welfare Services Branch is responsible for rehabilitation and general welfare services. There are two major continuing financial benefits for veterans: (1) Disability pensions awarded by the Canadian Pension Commission as compensation for injury or disease incurred during war service, and (2) War veterans allowances awarded by the Department to older or unemployable veterans who can meet the qualifying conditions of the War Veterans Allowances Act.

The Department of Veterans Affairs developed special programmes where necessary but did not wish to duplicate vocational services already in existence. It entered into an agreement with the Department of Labour to provide vocational training to veterans under the provisions of the Canadian Vocational Training Coordination Act. The facilities and services of such voluntary agencies as the Canadian National Institute for the Blind, The Canadian Paraplegic Association and the Canadian Hearing Society have been used extensively.

Who is eligible for DVA rehabilitation services?

The conditions of eligibility for DVA rehabilitation services are very broad. Veterans receiving a pension for a disability suffered during war service may be provided with rehabilitation services at any time. Any veteran with overseas meritorious service or who is in receipt of a disability pension may also be given treatment for a disability not originating from war service; payment for hospitalization in such cases is on a sliding scale according to income. Other veterans may obtain medical and hospital services at cost, providing a hospital bed is available.

Any veteran needing assistance may be given vocational guidance, placement and social services but training assistance is now limited to pensioners who meet the conditions of the Pensioners Training Regulations.

How to apply

A veteran requiring DVA services may apply directly to the nearest district office of the Department. Addresses are listed in Appendix 4 on page 50.

The DVA rehabilitation process

If, while the veteran is in hospital, the doctors think that her disability will prevent her from returning to her former occupation, she becomes the special responsibility of the Department's Casualty Welfare Division of the Welfare Services Branch.

Casualty welfare officers are stationed in each DVA hospital and in each district office and may work as members of a rehabilitation team. The casualty welfare officer is especially concerned with the economic and job placement aspects of the case. During the time that the veteran is in hospital the physician in charge convenes periodic conferences to determine her progress. The team, in addition to the casualty welfare officer, usually includes a medical social worker, a psychologist, a physiotherapist and a nurse. Later the training officers of the Department, a community voluntary agency representive and even the prospective employer may be consulted.

Training for the new job

Wherever possible vocational training is begun in the hospital. This training may be prescribed by the patients' doctor as a therapeutic measure and it is usually related to the kind of work the patient hopes to do.

Extensive use has been made in the hospitals of Departmental correspondence courses which offer training in commercial, technical and agricultural fields as well as secondary school subjects. Occasionally hospital patients can attend local commercial or technical schools on a part-time basis. In some cases arrangements are made for university work to begin while the patient is convalescing or undergoing prolonged treatment. Tutorial instruction, the preferred method of training for more seriously disabled men and woman, may be given in the hospital.

When the handicapped veteran leaves the hospital she is sometimes able to get a job without any further assistance. If she cannot, she may then take further training. District training boards, acting on the advice and recommendations of a departmental medical officer develop an appropriate training programme, in consultation with the patient. Training is usually provided through local schools, other training establishments and the universities. The Department pays the cost of the

course and also a basic training allowance of $60 a month plus allowances for dependants. In some cases the Department makes arrangements for training to be given under Schedule "R".

The Special Placements Section of the National Employment Service cooperates with the Department of Veterans Affairs in finding jobs for disabled veterans. The casualty welfare officers themselves refer veterans to jobs but when they do so they notify the National Employment Service so as to avoid duplication of effort.

A disabled veteran who is in receipt of a pension from the Canadian Pension Commission may be approved under the Pensioner's Training Regulations for vocational, technical or university training at any time that the disability is interfering with complete rehabilitation. The flexibility of the training programme and the success that the Department has had with women who have been seriously handicapped is illustrated by the story of Miss E, a young woman who severely injured her spine while serving in Canada with the Women's Division of the Canadian Army.

> Miss E. had a grade ten education and had been an office clerk before enlisting. After receiving treatment for her back injury in a DVA hospital she completed an eight-month course in stenography at a local business college and secured employment as a student counsellor and bookkepper at a university.
>
> The following year, however, she had a further back operation which necessitated her giving up her job. For eight years she was in and out of DVA hospitals for orthopaedic examinations and treatment during which time she never worked.
>
> In 1955 she was referred by a casualty welfare officer to the National Employment Service which helped her to find a job as a receptionist. After three weeks she gave this up "because of pain and fatigue".
>
> The doctors at the hospital agreed that at this point Miss E. needed neuropsychiatry more than orthopaedic treatment and she therefore began visiting the hospital twice a week for psychiatric help.
>
> The following year, after a conference that included the casualty welfare officer, the doctor, a special placements officer at the National Employment Service and Miss E. herself, a ten-month course in photography was set up for her in a local technical school. Subsequently this course was extended three months on the recommendation of the school.
>
> She completed her training successfully and is now working, although she continued her treatments as an outpatient at the hospital for a further six months.

The Department of Veterans Affairs frequently provides services to other government departments to help disabled men and women who

are not within its responsibility. The story of Miss F., a member of the RCAF regular force who was very seriously injured while on leave is an example of such cooperation.

> Miss F., a member of the RCAF regular force, while on leave lost both legs as a result of a fall under a moving train. The Department of National Defence arranged with DVA for her to be given medical treatment on a repayment basis in DVA hospitals in Eastern Canada, where the accident occurred, and then transferred to a DVA hospital in the West to be nearer her home.
>
> In the early stages of treatment and the fitting of artificial limbs Miss F. was extremely upset emotionally. But with the help of the hospital psychologist and social worker she finally accepted her severe disability and became interested in a plan for rehabilitation. She had a grade eleven education and while still in hospital took correspondence courses in mathematics, French and typing. After extensive treatment and personal counselling, she was released from hospital and returned to her home.
>
> Sometime later with the cooperation of the provincial Department of Social Welfare and Rehabilitation, DVA arranged for Miss F. to be fitted with new artificial legs, and to begin a course in stenography under Schedule "R" of the Canadian Vocational Training Agreement. Soon Miss F. discontinued this training to be married to a pilot in the RCAF. For sometime however she continued to receive counselling from the provincial authorities with the cooperation of the Department of Veterans Affairs.

2. Indian Canadians

Physically handicapped Indian men and women who have lived in close proximity to non-Indians all their lives, who have attended non-Indian schools and attained high-school grades or better usually fit well into the existing rehabilitation programmes of provincial governments or voluntary agencies. They require no special help. There is, however, a significantly large group of handicapped Indian young people who wish to establish themselves as independent self-supporting citizens but who will fail to do so without additional assistance over and above that normally provided to handicapped men and women. For this latter group, the Indian Affairs Branch of the Department of Citizenship and Immigration in co-operation with various other federal and provincial agencies is attempting to supply special help.

Special rehabilitation services are often needed by handicapped Indians, for in addition to the more usual difficulties faced by any handicapped man or woman, reserve Indians have social and economic problems arising from their way of life. Of first importance is the lack of employment opportunities for physically handicapped Indians in their

home areas on the reserves or in the forests of the north. Of almost equal importance are the problems they face when they decide to try to establish themselves in urban employment.

Alberta project

The first experimental rehabilitation project for handicapped Indians was started in Edmonton in 1955. It was designed for young patients, aged 16 to 30 years, who had undergone long-term treatment for tuberculosis at the Charles Camsell Indian Hospital operated by the Department of National Health and Welfare. This 568-bed hospital, which admits patients from a large area embracing Alberta, part of British Columbia, the Yukon and the Mackenzie District, has organized physiotherapy, occupational therapy and social service departments as well as facilities for surgical and orthopedic cases. Like most Indian hospitals, it also provides academic instruction to both children and adults. The rehabilitation programme is operated and financed by the Indian Affairs Branch, but guided in the development of its policy by an Indian Rehabilitation Advisory Committee composed of representatives of the Indian Affairs Branch Regional Office, Indian and Northern Health Services, National Employment Service and the Provincial Co-ordinator of Rehabilitation. Other specialists are invited to participate as required. A smaller selection committee is responsible for assessment of canditates and for their acceptance into the programme.

Until recently, the girls accepted into the project in Edmonton lived together in a rehabilitation home under the supervision of a capable housemother. Recently, however, they have been placed in two's or three's in carefully selected boarding homes, as much as possible in one neighbourhood of the city, in order that they can readily attend classes that are conducted for them in a classroom rented for the purpose by the Indian Affairs Branch.

Most trainees take accelerated courses in English and arithmetic for about six months. When considered physically and socially ready, they are moved into full-time academic work at a regular high school, into vocational training courses, into training-on-the-job or into employment. The women have been trained as stenographers, typists, ward aides, laboratory aides, salesladies, hairdressers and domestics, and a number have married and become successful housewives.

The women are also given special orientation training for life in the city. The rehabilitation staff helps them to understand acceptable modes of behaviour, proper grooming, and the customs that are expected to be followed in our society. In group activities arranged by the YWCA they associate with non-Indian girls. The girls, of course,

experience various degrees of need in the manner of instruction in social graces and the general 'know-how' of city life, and attention is given to each on an individual basis.

Manitoba

A second project was organized in Manitoba during 1956-57. Instead of being operated by the Indian Affairs Branch, as in Edmonton, arrangements were made with the Sanatorium Board of Manitoba to extend its rehabilitation services to Indians.

Following the appointment by the Board of an Indian rehabilitation officer, the programme was developed with the help of an advisory committee and a selection committee along similar lines to the Alberta plan.

An evaluation and social adjustment unit to accommodate ten men and six women was set up in the Brandon Sanatorium. Although occupying one wing of the Sanatorium, the facilities in the rehabilitation unit were designed to have as little hospital atmosphere as possible and to approximate normal urban living conditions.

During the three months that the Indians remain in the unit, their capabilities and needs are assessed and they are helped to choose a vocational goal. Two teachers give intensive personal instruction in the requirements of living and working in a non-Indian environment. Careful training is given in the social graces that will be expected of them and in the behavioural demands of society. Through visits to Brandon, along with lectures and demonstrations, the Indians are given an indication of the nature of industrial and business employment, and of the standards they will have to meet when they move into the competitive life of the city on their own. When the orientation is completed, the rehabilitation officer arranges for specific vocational training or suitable employment, and for transfer in groups of two to carefully selected boarding homes where they are given follow-up supervision and help as required.

Saskatchewan

A third major project, underway in Saskatchewan, is also linked to the organized rehabilitation services of the provincial government and to voluntary agencies. The Department of Social Welfare and Rehabilitation provides normal services to Indian men and women who qualify for vocational training under Schedule "R". Those who are not qualified academically or socially but who appear to be good candidates for rehabilitation are referred to the Council for Crippled

Children and Adults in Saskatoon. At the Council's vocational rehabilitation centre they are given careful assessment under simulated working conditions, and given whatever help may be necessary. When they are considered ready, either a job is found for them or training-on-the-job is arranged. In some cases, the young women are prepared for training under Schedule "R" and transferred to a provincial programme.

The story of Miss G. shows some of the adjustment problems of handicapped Indian girls and how the special rehabilitation programmes are helping them to overcome their difficulties.

> Miss G., a 21 year old Cree girl from Northern B.C. can walk only with difficulty. She spent most of her adolescent years in hospital having entered at the age of 10 with tuberculosis of the hip. In 1957 she was discharged from hospital and sent to a nursing home.
>
> Miss G's only relatives live on a reserve in poor and primitive circumstances. She planned to visit them, but they did not want her. This rejection made her very depressed and difficult to work with.
>
> She entered the rehabilitation programme at Edmonton at the age of 18. She had only a grade four education and had attained this while in hospital. Her neglected education was therefore attacked with vigour and in just under three years, she raised her standing to a complete grade eight with a grade nine in languages. She also learned to type with a speed of 20 words a minute.
>
> During the time she was in the rehabilitation home with the other handicapped Indian girls, Miss G. developed from an almost wholly dependent person into a self-reliant young woman. She could walk better and could do housework, cook, iron and tend children. She reached the point where she could walk short distances unaided and managed the street curbs. Being unable to use buses, it was necessary for her to travel by taxi when going any distance.
>
> In July, 1959 arrangements were made for Miss G. to train as a dental laboratory technician. She moved into a home one block from the school and was able to make the transfer into private family life quite easily.
>
> Because of her sensitiveness, the training is creating many problems for her. She is easily discouraged, and her self-confidence has to be restored frequently. Her social contacts are limited because of her physical disability, and her social development is retarded. Although a great deal of follow-up will be required before Miss G. is completely established, good progress has been made towards her rehabilitation. There is now reason to hope that she may continue to be at least partially independent and become a useful citizen of the country.

Services in other provinces

British Columbia, Ontario, Nova Scotia and New Brunwick provide vocational training under the provision of Schedule "R" to handicapped Indians in the same manner as to other handicapped residents. Even though special programmes for Indians are not in operation in

every province, rehabilitation assistance is available to all those handicapped Indians who can benefit from it. It is because of increasing acceptance of Indians as being eligible for normal provincial services that the Indian Affairs Branch has not developed more special facilities.

Miss H. is an Indian girl who, with a little extra help, fitted into the regular provincial rehabilitation services.

> Now 21 years old she had been in and out of hospital sanatoria since she was 12. Although not an outstanding student she was interested in her studies and by specializing in mathematics, literature and composition, she was able to reach a grade eight level in these subjects during her period in hospital.
>
> At the age of 18 she was discharged and during her convalescence was placed under the supervision of the Indian rehabilitation officer. She continued her studies and reached the grade nine level.
>
> Under the provisions of Schedule "R" arrangements were then made for her to take business training half-time while continuing her school work for the remainder of the day.
>
> When she had achieved the required typing speed, she was registered with the National Employment Service and referred for several interviews. She failed to obtain employment, and on checking with the employers, it was found that all had grave doubts about her ability, an opinion reached mainly from the fact that Miss H., because of extreme shyness, was unable to answer questions.
>
> To help her overcome this handicap she was given temporary employment in the Indian Rehabilitation Office. In due course, with the assistance of the employment service, she found a job with an employer who was prepared to judge her more by her performance than by his initial interview with her.
>
> After six months of work, the employer reported that Miss H. is entirely satisfactory and that during this period there has been a great change in her personality. She speaks clearly and with confidence, and is now able to take her turn at the order desk, where she deals with the public both at the counter and on the telephone. She is active in club groups, has gained weight and her general physical condition is much improved.

Instruction in homemaking

A large number of ex-T.B. patients return to the reserves because of family ties and are unprepared to make a complete break in their living patterns. The women in this group, a great many of whom are married, are given instruction in homemaking in some of the Indian hospitals and sanatoria operated by the Department of National Health and Welfare. The training includes courses in cooking, sewing, home nursing and the care of children. A considerable number of Indian women have benefited considerably from these courses and they have helped to raise health standards not only amongst the handicapped

women in their own homes, but also throughout the Indian communities to which they have returned.

3. Eskimo Canadians

Rehabilitation services for Eskimo Canadians began in 1957 with a pilot project at Frobisher Bay on southern Baffin Island. There the Department of Northern Affairs and National Resources built a Rehabilitation Centre comprising 14 buildings, kitchen-dining rooms, bath house-laundries, workshops and living quarters.

The centre was established to assist those Eskimos who suffer permanent disability from tuberculosis and other crippling diseases and are unable to return to their usual occupation of hunting and trapping. No medical services are provided at the centre, but they are supplied by Department of National Health and Welfare hospitals and nursing stations in the north or at larger institutions outside the Territories.

Eskimos are referred to the Rehabilitation Centre by the Indian and Northern Health Services of the Department of National Health and Welfare, by Area Welfare Officers or, if there is no Welfare Officer, by an Area Administrator or R.C.M.P. school teacher or a missionary.

In a typical case when a patient is referred from a sanatorium he or she is interviewed in hospital by a social worker of the Welfare Division of the Department concerning future plans. Reports on the Eskimo's medical condition and social needs are forwarded to the superintendent of the Rehabilitation Centre who decides on admission. Further assessment is carried out at the Centre where the patient is introduced to a program involving education and work trials in a variety of projects, including handicraft production and sales, baking, organized hunting, woodworking, house building, photograph developing, dressmaking, and operation of coffee shops and other commercial enterprises.

Trainees at the centre are given an opportunity to adjust to life in a wage economy. For Eskimos formerly engaged in seasonal outdoor occupations the transition to a regime requiring attendance at work at stated hours, budgeting of income and the handling of money generally, together with the preparation of processed food, is exceedingly difficult. The Rehabilitation Centre endeavours to facilitate this transition by providing living accommodation and working conditions, similar to those a trainee will be likely to find in wage employment in many of the Arctic settlements.

In addition a handicrafts programme has been organized for those who require sheltered work conditions. Carvings, parkas, toques, slip-

pers and other finely sewn articles produced at the Centre are sold at the airport and in Frobisher Bay.

Since it opened in September, 1957, the Rehabilitation Centre has admitted 15 women. Of these, four were married or widowed. Six have now graduated.

> One of these, Mrs. G. was a resident of a settlement of the east coast of Hudson Bay. She had been in poor health and handicapped by a deformity of her right arm making it impossible for her to be an adequate wife for a hunter and trapper. Both she and her husband were admitted to the rehabilitation centre. Mr. G. proved to be an excellent worker and had a number of useful skills. He was eventually referred to a private company for employment.
>
> Mrs. G. learned to keep house by working for the family of a government employee and by practical training under an instructor on the staff of the rehabilitation centre. Mr. G. is now settled in his employment, they live in their own house, and are expecting their first child.
>
> Another woman, Miss H., was referred to the Rehabilitation Centre because of emotional problems she was experiencing in her home settlement in the Arctic archipelago. Although not physically handicapped, she was considered a suitable applicant for admission following a period of orientation.
>
> Miss H. had come from a family who had always been successful in living off the land. She was given help with her personal problems and, at her own request, was given work in the laundry. In this consistent environment, free from external pressure, she worked well. Later she was transferred to the nursing station where she now works as an interpreter.

Unlike rehabilitation centres in the south, the Frobisher Bay unit admits whole families, usually where the breadwinner is the one who is disabled. In the cottages provided by the Centre the wife and children are taught home-making while the husband is learning new occupational skills.

Not every Eskimo who requires rehabilitation is admitted to the Frobisher Bay Centre. When vocational training only is required, the Department frequently provides for Eskimos to attend courses offered by various educational institutions in the south. Eskimos are then helped in finding jobs by the Vocational Training Section of the Education Division of the Department of Northern Affairs and National Resources.

As a result of the successful experience of the pilot Rehabilitation Centre at Frobisher Bay in the Eastern Arctic, as staff become available, similar services will be extended to serve all ethnic groups in the Keewatin and McKenzie Districts.

VI

Finding Jobs for the Handicapped

Satisfying employment is recognized as the goal of vocational rehabilitation. Although there are some men and women so seriously handicapped that they will probably never be able to work, rehabilitation services are provided with the hope that the handicapped man or woman may ultimately have a useful occupation. For the handicapped housewife "employment" means being able to look after herself and to carry out her household duties effectively; for other women and for men it means working for pay. Such work could be performed in regular employment, part-time employment, in a sheltered environment or in the home. There are no "jobs for the handicapped" as such. With proper rehabilitation services and selective placement most of them can compete with able-bodied people in a wide variety of occupations—in offices, in industrial production, in the professions, as homemakers and in many other pursuits. To help a disabled man or woman to find the right job and then to check to see if it is working out satisfactorily are important rehabilitation services.

Although some of the voluntary organizations operate placement services, the principal placement agency for the handicapped in Canada is the Special Placements Section of the National Employment Service. The story of Miss M., a young woman who suffers from cerebral palsy, illustrates how the National Employment Service is helping to find jobs for even severely handicapped women.

Miss M. had never before worked for pay when she applied for work to an office of the National Employment Service. She was unable to walk without crutches and had difficulty standing without support. She also had limited movement of her right hand and her reflexes were slow.

Miss M. was interviewed by a special placements officer and given psychological and achievement tests. She had a grade 11 education and the officer discovered that she had an outstanding ability to absorb oral instructions and on-the-job training. She could also type, not fast, but with few errors.

The special placements officer then visited a number of employers, explaining Miss M.'s situation in detail. Finally one said: "The young woman could fill a vacancy we have for a filing clerk, but the job requires quite a lot of standing." After carefully looking over the working

place the officer was able to convince the employer that the re-arrangement of a desk, a chair, and a filing cabinet would eliminate any need of standing to perform the work.

Miss M. was hired on a trial basis at a good starting salary. The special placements officer, when he made a follow-up visit, found that the employer was well satisfied with his new employee and had made her a permanent member of the staff.

All offices of the N.E.S., in cities across Canada, have an officer who looks after special placements. He or she gives counselling, arranges for training and provides selective placement to persons who require special help in finding and adjusting to a job. In addition, special placement officers visit employers to search out job opportunities for handicapped people. The larger offices may have a staff of up to twelve special placements officers while in the smaller centres an employment officer may devote part-time to special placements work. In either case the officers are trained for the specialized services they do. Training is given through on-the-job training programmes, short courses held in cooperation with provincial rehabilitation co-ordinators, and rehabilitation courses conducted at universities.

Handicapped women applying to National Employment Service may suffer from one or more of the entire range of physical and mental disabilities, but the commoner disabling conditions encountered are tuberculosis, defective hearing, mental retardation, paralysis and various types of neuroses.

Counselling and training

The special placements officer helps the handicapped woman to decide on a practical job plan, realistic both from the point of view of her own qualifications and the local employment situation. In addition to personal interviews, the officer studies medical, educational and occupational records. Some of the larger offices also provide psychological testing as an additional aid to counselling.

Sometimes a handicapped woman has the necessary vocational skills but needs assistance in building up the self-confidence necessary to finding and keeping a job. For instance, a young 'polio' victim with a deep feeling of inferiority had been unable to find a job on her own despite the fact that she had completed a three-year commercial course. When she applied to an N.E.S. office she was given tests in shorthand, typing and other clerical duties which indicated that she

could do the work of a clerk-typist. After several counselling interviews during which the special placements officer helped her to evaluate her capabilities, she was referred to a position and was hired at the going rates.

Many handicapped persons who apply to the National Employment Service however have not had sufficient education or training of any kind to find a job. In such cases the special placements officer may make arrangements for the applicant to take academic subjects or a vocational training course. In some cases unemployment insurance benefits are paid while the applicant is attending the course.

Most of the handicapped women who are referred by the N.E.S. for training under Schedule "R" take business courses, nursing aide courses or training in dressmaking, hairdressing or switchboard operating. One such person was Mrs. N., an arthritic and a widow not yet 40, who in all likelihood had many years ahead of her in which she would need to support herself and her two children.

> After completing four years of high school Mrs. N. had been granted a bursary to help pay for nursing education. She began training but discontinued it on the outbreak of war to take a job as a nursing assistant. She stopped working when she got married.
>
> When her husband died she found a job selling boys' wear but had to give this up when arthritis made it impossible for her to stand for long hours.
>
> During a series of interviews, the special placements officer found that Mrs. N. had done a good deal of voluntary committee work and was a very adaptable person. He felt that she had real potential as an office worker if she were given the necessary training.
>
> Arrangements were made for Mrs. N. to take a course in typing, shorthand and bookkeeping at a local business college. When she finished her course she tried and passed a civil service examination and obtained a position as a stenographer in a government office.

Contracts with employers

Special placements officers work very closely with employers in placing handicapped persons. In making regular visits to companies many new job opportunities for the handicapped are located. Often an officer can show an employer how, by making a small adjustment in the work place such as providing a special type of chair, he could hire a handicapped employee. Or sometimes he can make arrangements with a volunteer group to provide transportation to and from work for a person confined to a wheelchair.

The majority of handicapped persons who have been placed using selective placement techniques, fit very well into the work situation and therefore, require no follow-up action on the part of National Employment Service. However, in the more severely disabled cases, where some difficulty in adjustment can be anticipated, the special placements officers makes 'follow-up' visits to the employer to make sure that everything goes smoothly and to iron out any problems that may arise.

VII

Careers for Women in Rehabilitation

Improved and expanded rehabilitation services have created an urgent demand for more trained workers in the rehabilitation field. There are shortages of personnel in practically all occupations connected with rehabilitation. This is perhaps the greatest single obstacle to further needed development of rehabilitation services.

Every community of any size has centres where rehabilitation work is carried on, each requiring people trained in a number of fields. There are jobs in hospitals, with the federal or provincial governments, in rehabilitation centres, in special education classes in the schools and in voluntary agencies. In the north country arts and crafts instructors, teachers and social workers are needed to help in the rehabilitation of disabled Indians and Eskimos.

Rehabilitation services involve types of work that are likely to appeal to women and in a field in which there are likely to be promising job opportunities for many years to come. Many of the occupations require knowledge and skills that are useful to a girl when she marries and has a home of her own. Moreover, most of the occupations are ones to which a married woman, with 'refresher' training, may be able to return for part-time or full-time work even after a prolonged period out of the labour market.

The rehabilitation team

In a hospital or rehabilitation centre, the professional people who work with and for an individual patient make up a rehabilitation team. The composition of the team varies according to the needs of the disabled man or woman and the resources of the agency.

In most of the professions represented on the rehabilitation team, for example nursing, occupational and physiotherapy and social work, women predominate. In a few, men are in the lead, as in medicine and the occupation of rehabilitation counsellor. But in all of them women are making a name for themselves.

The key person on the team is the *doctor* or psychiatrist if a specialist in medical rehabilitation of the handicapped. The doctor treats disorders of mind and body and guides and counsels the patient.

He or she determines the loss of function, evaluates the remaining capacities and interprets the disability to the patient and the family. Later, the doctor refers the patient to vocational services with whom she works until job placement is effected.

Other important members of the team especially in the earlier stages of recovery, are the *nurse* and the *nursing assistant.* In addition to conventional nursing care they give encouragement which helps a patient to master useful living in the face of persisting disability. They may contribute much to restoring personal independence by teaching the patient how to care for herself.

In community or provincial programmes as with the Workmen's Compensation Boards and the Department of Veterans Affairs, a new profession is emerging, that of the *rehabilitation officer* or counsellor. The rehabilitation officer is essentially a case worker who is responsible for the seeking out of disabled persons, finding out their needs, and seeing that they are referred in an uninterrupted manner to the various services required to meet each individual problem. The case must be followed through to completion and then followed up to ensure any further treatment that may from time to time be necessary.

Physical and occupational therapists are in great demand for medical rehabilitation services in hospitals and in rehabilitation centres. Under direction from the doctor their responsibility is to help the patient to regain the use of damaged muscles and limbs by means of exercise, heat, light and electricity, simulated work conditions and crafts, and to restore the patient's sense of well-being after a long period of confinement.

Speech pathologists and audiologists help restore speech and hearing when these have been impaired or assist children born with imperfections which interfere with speech production.

Social workers help resolve emotional problems, economic hardship and domestic difficulties resulting from the illness or injury and later assist the handicapped man and woman to work through the problems encountered when they return home.

For handicapped men and women who will require a new occupation, the *vocational counsellor* helps to measure aptitudes and potential abilities so that a suitable new vocation may be decided upon. In more difficult cases the vocational counsellor may be assisted by a psychologist.

Then, once the patient knows what he or she would like to learn, the invaluable aid of a *teacher* is sought in order that new skills of the mind and hand may be learned. Teachers may also train physically

handicapped and mentally retarded children in hospitals, in special classes in schools and in the home.

The final step of assisting the disabled person to find a job may be undertaken by the *job placement officer*. He or she is specially trained to understand the needs of handicapped workers and to exercise ingenuity and imagination in finding the right job for them. To do this well it is essential to have a thorough knowledge of the employment market as well as to be aware of all the patient's assets and liabilities.

Women trained in *office work* who are interested in rehabilitation of the handcapped often gain special satisfactions from working in an agency that helps the handicapped. Hospitals, voluntary agencies and rehabilitation centres all need people trained in business administration, in personnel work, in accounting, in purchasing. They also need bookkeepers, tabulating machine operators, stenographers and other types of office workers.

The role of the volunteer

Although services for the handicapped are becoming more and more specialized and require highly trained personnel, they still require voluntary workers. Any woman with some free time who feels a need to help others that is not satisfied in her daily work might consider a volunteer job in some aspect of rehabilitation.

Volunteers may visit handicapped patients in hospitals or mental institutions and help with bedmaking, bathing, giving meals and numerous other jobs to make the patients more comfortable. They also may help to provide handicrafts or other forms of recreation for disabled children or adults; they drive severely handicapped people to and from work, do part-time office work in a voluntary agency and other varied tasks. Some women serve on the administrative boards of voluntary organizations and hospitals. Many more canvass for funds to support the work of voluntary organizations. Volunteers perform an important role in developing a good relationship between handicapped patients and persons outside the hospital. They also help to improve public attitudes towards the handicapped.

For more information

The various professional associations listed in Appendix 5, page 51, will provide detailed information about job opportunities and training courses for careers in rehabilitation. The Provincial Co-ordinators, whose addresses are listed in Appendix 1, page 47, can provide information on job opportunities in a particular community. For openings in the

federal or provincial governments, the Civil Service Commission at Ottawa or in the various provincial capital cities should be contacted.

Occupational monographs published by the Department of Labour give information on the necessary preparation and training and the employment outlook for some of the occupations in the rehabilitation field. They include:

Social Worker (No. 12)—10¢
Hospital Workers (other than professional) (No. 36)—10¢
Teacher (No. 44)—10¢
Physical and Occupational Therapist (No. 45)—10¢
Office Occupations (No. 46)—20¢

They may be obtained from the Queen's Printer, Ottawa.

Anyone interested in doing voluntary work in the rehabilitation field may contact a voluntary agency or hospital in the community. Some cities operate a central volunteer bureau to direct volunteers to the most needed work.

Whether paid or voluntary, work in the rehabilitation field can be both rewarding and satisfying.

Appendix 1

Provincial rehabilitation officers

Newfoundland —Provincial Co-ordinator of Rehabilitation,
Department of Health,
St. John's, Newfoundland.

Prince Edward Island—Deputy Minister,
Department of Welfare,
Charlottetown, Prince Edward Island.

Nova Scotia —Provincial Rehabilitation Co-ordinator,
Department of Public Health,
Halifax, Nova Scotia.

New Brunswick —Provincial Co-ordinator of Rehabilitation,
Department of Health and Social Services,
Fredericton, New Brunswick.

Ontario —Director, Rehabilitation Services Division,
Department of Public Welfare,
Queen's Park,
Toronto 5, Ontario.

Manitoba —Provincial Co-ordinator of Rehabilitation Services,
Department of Health and Public Welfare,
221 Osborne Street North,
Winnipeg, Manitoba.

Saskatchewan —Provincial Co-ordinator of Rehabilitation,
Department of Social Welfare and Rehabilitation,
Regina, Saskatchewan.

Alberta —Provincial Co-ordinator of Rehabilitation,
Department of Public Welfare,
Edmonton, Alberta.

British Columbia —Rehabilitation Co-ordinator,
Department of Health and Welfare,
828 West 10th Ave.,
Vancouver 9, British Columbia.

Quebec —Physically Handicapped Division,
Youth Aid Services,
35 Notre Dame Street West,
Montreal, Quebec.

Appendix 2

Workmen's compensation board officers

Alberta	—Mr. C. M. Macleod, Chairman Workmen's Compensation Board, 10048-101A Avenue, Edmonton, Alberta.
British Columbia	—Mr. J. Edwin Eades, Q.C., Chairman Workmen's Compensation Board, 707 West 37th Avenue, Vancouver 13, British Columbia.
Manitoba	—Mr. G. L. Cousley, Q.C., Chairman Workmen's Compensation Board, 333 Maryland Street, Winnipeg, Manitoba.
New Brunswick	—Mr. Hendry O. McLennan, Chairman Workmen's Compensation Board, 55 Cantebury Street, Saint John, New Brunswick.
Newfoundland	—Mr. W. Irving Fogwill, Chairman Workmen's Compensation Board, P.O. Box 2052, St. John's Newfoundland.
Nova Scotia	—Mr. W. T. Hayden, Q.C., Chairman Workmen's Compensation Board, Dennis Bldg., Halifax, Nova Scotia.
Ontario	—Mr. E. E. Sparrow, Chairman Workmen's Compensation Board, 90 Harbour Street, Toronto 1, Ontario.
Prince Edward Island	—Mr. Wilfrid McAleer, Chairman Workmen's Compensation Board, Charlottetown, Prince Edward Island.
Quebec	—The Honourable Justice Joachim Grenier, President Workmen's Compensation Commission, 225 Grande Allée, Quebec City, Quebec.
Saskatchewan	—Mr. O. W. Valleau, Chairman Workmen's Compensation Board, 1840 Lorne Street, Regina, Saskatchewan.
Federal Government Employees	—Mr. G. G. Greene, Director, Government Employees Compensation Branch, Department of Labour, Ottawa, Ontario.

Appendix 3

National voluntary organizations concerned with rehabilitation

The Canadian National Institute for the Blind
1929 Bayview Avenue, Toronto 17, Ontario

The Canadian Council for Crippled Children and Adults
31 Alexander Street, Toronto 5, Ontario

The Canadian Foundation for Poliomyelitis and Rehabilitation
407 McGill Street, Room 705, Montreal, Quebec

The Canadian Hearing Society
2 Bloor Street East, Toronto 5, Ontario

The Canadian Paraplegic Association
153 Lyndhurst Avenue, Toronto, Ontario

The Canadian Mental Health Association
11½ Spadina Road, Toronto 4, Ontario

The Canadian Association for Retarded Children and Adults
317 Avenue Road, Toronto 7, Ontario

The Canadian Tuberculosis Association
265 Elgin Street, Ottawa, Ontario

The Canadian Arthritis and Rheumatism Society
900 Yonge Street, Toronto, Ontario

Appendix 4

Department of Veterans Affairs district offices

St. John's, Newfoundland	Sir Humphrey Gilbert Building, Duckworth Street East.
Charlottetown, P.E.I.	Dominion Building, Queen and Richmond Streets.
Halifax, N.S.	Camp Hill Hospital Annex.
Sydney, N.S.*	Point Edward.
Saint John, N.B.	New Post Office Bldg., Prince William Street.
Quebec, P.Q.	2705 Laurier Blvd., Ste. Foy.
Montreal, P.Q.	35 McGill Street.
Ottawa, Ont.	No. 8 Temporary Bldg., Carling Avenue.
Kingston, Ont.*	New Federal Bldg., Clarence Street.
Toronto, Ont.	The Mackenzie Building, 36 Adelaide Street East.
Hamilton, Ont.	National Revenue Bldg., Main and Caroline Sts.
London, Ont.	201 King St.
Windsor, Ont.*	441 University Ave. W.
North Bay, Ont.	Federal Bldg., Worthington Street and Ferguson Avenue.
Port Arthur, Ont.*	Public Bldg., 33 South Court Street.
Regina, Sask.	Motherwell Bldg., Victoria Avenue and Rose Street.
Saskatoon, Sask.	Federal Bldg., 1st Avenue and 22nd Street.
Calgary, Alta.	810 3rd Street West.
Edmonton, Alta.	99th Avenue and 107th Street.
Vancouver, B.C.	1231 Haro St.
Victoria, B.C.*	Belmont Bldg.

*Sub-offices without district authorities.

Appendix 5

Associations of professional workers in the rehabilitation field

Canadian Medical Association,
150 St. George Street, Toronto.

Canadian Nurses' Association,
74 Stanley Avenue, Ottawa.

Canadian Physiotherapy Association,
8 Bedford Road, Toronto.

Canadian Association of Occupational Therapy,
331 Bloor Street West, Toronto.

Canadian Psychological Association,
Dr. F. R. Wake, Secretary-Treasurer,
P.O. Box 31, Postal Station "D", Ottawa.

Canadian Association of Social Workers,
18 Rideau Street, Ottawa.

Canadian Teachers' Federation,
444 MacLaren Street, Ottawa.

Appendix 6

International action on behalf of the disabled

Many other countries besides Canada have demonstrated the value of vocational rehabilitation and its importance has also received international recognition.

The ILO

The International Labour Organization from its inception in 1919 has been interested in the rehabilitation and employment of handicapped men and women and has given world-wide leadership in the field.

In the area of rehabilitation the ILO has been particularly concerned with the re-employment of disabled ex-service men and women after the two world wars and with the vocational re-training of workers injured in the course of their jobs.

Moreover in the comprehensive international standards drawn up by the ILO for the provision of general services for vocational guidance, vocational training and the organization of national employment services the needs of disabled men and women were included. Only in 1955, however did the ILO consider the special needs of the handicapped in a separate set of international regulations.

The Recommendation (No. 99) concerning vocational rehabilitation of the disabled provides:

> Vocational rehabilitation services should be made available to all disabled persons, whatsoever their age, provided they can be prepared for and have reasonable prospects of securing and retaining suitable employment.

A recommendation is not legally binding on any country but is rather a guide for governments wishing to promote the adoption and implementation of a particular standard. The rehabilitation principles laid down by the recommendation regarding vocational guidance and training, sheltered workshops, job placement services, special classes in the schools for handicapped children and the cooperation among the authorities responsible for all stages of rehabilitation have set a social objective for governments all over the world.

The United Nations

The co-ordinated programme of the United Nations for the rehabilitation of the physically handicapped has evolved over a period of years.

The United Nations and several of the specialized agencies recognized very early the urgent need to do something about the problem of physical disability and rehabilitation.

At its first session in 1946, the General Assembly of the United Nations, on the recommendation of the Economic and Social Council, established the Advisory Social Welfare Services and specifically included the handicapped as an area in which expert advice, demonstration and technical equipment should be made available to the various governments. A resolution adopted in 1950 by the Council requested the Secretary-General of the United Nations 'to plan jointly

with the specialized agencies and in consultation with the interested non-governmental organizations, a well-coordinated programme for the rehabilitation of physically handicapped persons.'

Over the past ten years more than 50 countries have received from the United Nations some form of aid towards rehabilitating the handicapped. A substantial number of fellowships were granted to enable persons engaged in work for the disabled to study rehabilitation programmes in countries other than their own. Experts were provided as consultants to national governments to plan future programmes.

Many technical assistance projects in rehabilitation have been undertaken jointly by the United Nations, the International Labour Organization and the World Health Organization with, in certain cases, non-governmental organizations cooperating. Joint projects have been or are being carried out in Asia, the Middle East and Latin America involving development of vocational guidance, vocational training and placement facilities for the handicapped.

The United Nations and the specialized agencies have organized a number of seminars, study groups, and conferences to discuss different aspects of rehabilitation. They have also supported meetings held by some non-governmental organizations by providing staff, contributing experts to present papers on specific topics, or granting fellowships to participants coming from other countries.

International Voluntary Organizations

A large number of international voluntary organizations include educational and vocational services to handicapped children and adults within their programmes. The 1950 resolution of the Economic and Social Council requesting joint planning with the voluntary organizations led to the formation of the World Conference of Organizations Interested in the Handicapped. The varieties of interest in services for the handicapped are indicated by the names of some of the organizations that are members: World Association of Girl Guides and Girl Scouts; International Confederation of Free Trade Unions; International Conference of Social Work; World Veterans Federation; World Council for the Welfare of the Blind; and the World Federation for the Deaf.

The International Society for Rehabilitation of Disabled is a federation of national non-governmental organizations in 30 countries inaugurating and developing programmes for physically handicapped children and adults. It has consultative status with the Economic and Social Council of the United Nations and cooperates with the ILO and WHO.